

Ben Archer Health Center

EMPLOYMENT APPLICATION (Without resume or CV)

An equal Opportunity Employer

Please complete application using black ink

Date: _____

Name: _____
Last First Middle

Other names you have been known by, if any: _____

It is the policy of Ben Archer Health Center to afford equal opportunity to all employees and applicants for employment regardless of race, religion, color, sex, age and national origin as well as individuals with disabilities, special disabled veterans and Vietnam-era veterans. You may attach to this application additional information, which you feel will be helpful in evaluating your qualifications. This application (and accompanying resume and/or accompanying documents, if any) will become part of your personnel file should you be employed.

PERSONAL

Social Security No. _____ - _____ - _____ Are you under 18 years of age? _____ **Email Address:** _____

Home Phone _____

Cell Phone _____

Bus. Phone _____

Address _____ Area Code _____
No. Street City State Zip

Do you speak English? _____ Yes _____ No

Do you speak Spanish? _____ Yes _____ No

POSITION DESIRED

Type of position desired _____ Salary desired _____

Location preference _____ Important? _____ If so, why _____

How were you referred to Ben Archer Health Center? _____
If advertisement or agency, please give source. If an employee referred you, please give employee's name.

When are you available to begin employment? _____

Please list all license & certifications, applicable grantee, state and numbers.

ACADEMIC/PERSONAL/PROFESSIONAL ACCOMPLISHMENTS

Describe any unusual accomplishments, scholastic honors, honorary societies, patent/publications, professional registration, professional societies, and other pertinent experience or honors: _____

U.S. MILITARY SERVICE NO YES

Branch of Service _____ Date entered _____ Date discharged _____ Rank at Discharge _____

Field or specialization _____

Brief description of job duties in the service _____

Special Training or awards _____

EDUCATION AND TRAINING

HIGH SCHOOL	Name and location	Circle Highest Grade 9 10 11 12	Completed GED
	Course of Study	Average Grade	Did you Graduate?
VOCATIONAL SCHOOLS TECHNICAL INSTITUTES & JUNIOR COLLEGES	Name and location	Dates Attended	Circle Years Completed 0 2 3 4
	Course of Study	Average Grade	Month and Year Graduated
UNIVERSITY	Name and Location	Dates Attended	Circle Years Completed 1 2 3 4
	Degree and Major	G.P.A. /Scale	Month and Year Graduated
ADVANCED DEGREES	Name and Location	Dates Attended	<input type="checkbox"/> Attending <input type="checkbox"/> Completed
	Degree and Major	G.P.A./Scale	Month and Year Graduated

EMPLOYMENT HISTORY (List part-time, summer, volunteer, or temporary employment under “ Additional Employment” section below). List present or last employer first. If additional space is needed for Employment History use page 2A and 2B.

Employer		Job Title/position	
Address		Immediate supervisor’s name	
		Immediate supervisor’s title	Phone No. ()
From (month/year):	To (month/year):	E-mail address:	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual Salary	<input type="checkbox"/> Hourly
		Brief Descriptions of duties:	
Start \$	Final \$		
Reason for leaving			
Account for period between jobs			

Employer		Job Title/position	
Address		Immediate supervisor's name	
		Immediate supervisor's title	Phone No. ()
From (month/year):	To (month/year):	E-mail address:	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual Salary	<input type="checkbox"/> Hourly
Start \$		Final \$	
Reason for leaving		Brief description of duties:	
Account for period between jobs			
Employer		Job Title/position	
Address		Immediate supervisor's name	
		Immediate supervisor's title	Phone No. ()
From (month/year):	To (month/year):	E-mail address:	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual Salary	<input type="checkbox"/> Hourly
Start \$		Final \$	
Reason for leaving		Brief description of duties:	
Account for period between jobs			
Employer		Job Title/position	
Address		Immediate supervisor's name	
		Immediate supervisor's title	Phone No. ()
From (month/year):	To (month/year):	E-mail address:	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual Salary	<input type="checkbox"/> Hourly
Start \$		Final \$	
Reason for leaving		Brief description of duties:	
Account for period between jobs			
Employer		Job Title/position	
Address		Immediate supervisor's name	
		Immediate supervisor's title	Phone No. ()
From (month/year):	To (month/year):	E-mail address:	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual Salary	<input type="checkbox"/> Hourly
Start \$		Final \$	
Reason for leaving		Brief description of duties:	
Account for period between jobs			
Employer		Job Title/position	
Address		Immediate supervisor's name	
		Immediate supervisor's title	Phone No. ()
From (month/year):	To (month/year):	E-mail address:	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual Salary	<input type="checkbox"/> Hourly
Start \$		Final \$	
Reason for leaving		Brief description of duties:	
Account for period between jobs			

ADDITIONAL EMPLOYMENT (Include graduate assistantships and temporary, part-time, and summer employment)

NOTE: Applicants are encouraged to include verifiable prior to work experience which was performed on a volunteer basis.

Name and Address of Employer	From	To	Job Title	Reason for Leaving

WORK RELATED EMPLOYMENT REFERENCES

Attach three letters of work/ professional references.

Please list three persons whom we can contact who are able to evaluate your professional knowledge skills and abilities and work performance.

Name			
Title			
Company			
Address			
Email Address			
Phone No.			

May we contact your present supervisor/employer? ___ No ___ Yes

May we contact your previous employer? ___ No ___ Yes

Please list name(s) of relatives employed by Ben Archer Health Center.

Name _____ Location _____

SECURITY/SAFETY

Ben Archer Health Center may require a background check based on requirements by law or Ben Archer Health Center policies for certain positions.

UNITED STATES IMMIGRATION AND REFORM ACT OF 1986

In accordance with the United States Immigration Reform and Control Act of 1986, all applicants for employment must answer the following:

Are you able to demonstrate that you are a United States citizen or that you have the legal right to remain permanently and to be employed for an indefinite period in the United States? YES NO

If NO, what is your current visa status? _____

NOTE: If you are hired, you will be required to comply with the verification provisions of the Immigration Act as a condition of employment.

PLEASE READ THE FOLLOWING SECTION CAREFULLY SIGNING.

The fair Credit Reporting Act (Public Law 91-588) requires that we advise you that a routine inquiry may be made into your background. If a Consumer Reporting Agency is engaged in the investigation, information relevant to the nature and scope of the inquiry if one is made will be provided to you upon your written request.

Federal Law and several states' laws prohibit employers to require or administer a lie-detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal and civil liability, Ben Archer Health Center does not require or administer a lie-detector test as a condition of employment or continued employment. Rules and regulations governing employment procedures, records retention and the classification of certain groups as protected classes under the law will change depending on variety of local and state laws. It is Ben Archer Health Centers intent to comply with federal law as well as the state and local laws where we do business. The more stringent law will be in effect.

I authorize my current employer, past employers, educational institutions, and individuals and organizations (including credit bureaus and law enforcement agencies) named (or referred to) in my application (and accompanying documents) to provide Ben Archer Health Center references upon request of Ben Archer Health Center, in order to assist Ben Archer Health Center in deciding whether or not to employ me. I hereby release references from any liability, damages, and causes of actions, complaints or charges concerning the giving and receiving of such reference information or opinions relate to my employment. I understand positive reference checks results are a condition of continued employment and may take up to 6 months to complete.

I understand that any employment offer maybe contingent upon

- Furnishing proof of employment eligibility; and
- A satisfactory background check as required.
- Satisfying Company medical standards. Such medical standards may include, but will not be limited to a screening for the presence of illegal or unauthorized drugs in my system; and a statement of good health from a physician indicating ability to perform job duties or a physician statement indicating inability to perform job duties. A positive test for drugs, other than prescribed by my physician, will constitute grounds for withdrawal of the Company's employment offer. Medical Records to include TB Test, tetanus shot, immunization for Hepatitis A and B and MMR.

I understand that, if employed, I will be bound by all Ben Archer Health Center policies, practices, work rules and regulations, the terms and conditions of which may be changed without notice to me. I further understand that without a contract my employment is for no definite period of time and is terminable at will by the Company of myself with or without cause or notice.

I hereby affirm that the information provided on this application (and accompanying resume and/or other accompanying documents) is true and complete to the best of my knowledge. I agree that any falsified or misrepresented information, any misinformation, or any significant omissions may disqualify me from further consideration for employment, and if I am hired, may be considered justification for discharge upon discovery.

I have attached the following items:

- _____ Copy of Professional License
- _____ Copy of Driver License

Date

Signature (in ink)

Revised 4/4/19