

# Ben Archer Health Center

An Equal Opportunity Employer

Please complete application using black ink.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Other names you have been know by, if any:  
 \_\_\_\_\_

## EMPLOYMENT APPLICATION

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? \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_  
 Bus. Phone ( ) \_\_\_\_\_  
Area Code

Address \_\_\_\_\_  
No. Street City State Zip

E-mail Address \_\_\_\_\_

### 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 would you be able to begin employment with Ben Archer Health Center? \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### EDUCATION AND TRAINING

HIGH SCHOOL	Name and Location	Circle Highest Grade	Completed
	Course of Study	Average Grade	Did You Graduate?
VOCATIONAL SCHOOLS TECHNICAL INSTITUTES & JUNIOR COLLEGES	Name and Location	Dates Attended	Circle Years Completed
	Course of Study	Average Grade	Month and Year Graduated
UNIVERSITY	Name and Location	Dates Attended	Circle Years Completed
	Degree and Major	G.P.A./Scale	Month and Year Graduated
ADVANCED DEGREES	Name and Location	Dates Attended	<input type="checkbox"/> Attending
	Degree and Major	G.P.A./Scale	<input type="checkbox"/> Completed

**ACADEMIC/PERSONAL/PROFESSIONAL ACCOMPLISHMENTS**

Describe any unusual accomplishments, scholastic honors, honorary societies, patent/publications, professional registration, professional societies, languages, 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 \_\_\_\_\_

**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):	Brief description of duties	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual Salary		
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):	Brief description of duties	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual Salary		
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):	Brief description of duties	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Annual Salary		
Start \$	Final \$		
Reason for leaving			
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 work experience which was performed on a volunteer basis.

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

**EMPLOYMENT HISTORY** (List part-time, summer, volunteer, or temporary employment under "Additional Employment" section below.)

List present or last employer first.

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

## WORK RELATED EMPLOYMENT REFERENCES

Attach three letters of 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			
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

Have you been convicted of an offense against the law, or forfeited collateral, or are you now under charges for any offense against the law? Include any conviction by general court-martial while in military service. (You may omit: (a) traffic violations for which you paid a fine of \$200.00 or less, and (b) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law.) Include all instances where *nolo contendere* was plead, where bail was forfeited, and where a fine was paid. (Convictions are not an absolute bar to employment.)

Write YES or NO \_\_\_\_\_ If Yes, give date, place, charge and disposition here or on a separate page. \_\_\_\_\_

## 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 BEFORE 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, record retention and the classification of certain groups as protected classes under the law will change depending on a variety of local and state laws. It is Ben Archer Health Center's 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 this application (and accompanying documents) to provide Ben Archer 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, causes of actions, complaints or charges concerning the giving and receiving of such references, information or opinions relate to my employment.

**I understand that any employment offer is contingent upon**

- Furnishing proof of employment eligibility; and
- 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.

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 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (in ink)