

Anderson Valley Health Center

An Equal Opportunity Employer

Employment Application

Please Print

Date: _____

Name: _____

Last

First

Middle

Social Security Number: _____ E-mail: _____

Home Phone Number: (____) ____ - ____ Work Phone Number: (____) ____ - ____

Physical Address: _____

No.

Street

City

State

Zip

Mailing Address: _____

No.

Street

City

State

Zip

Employment desired

Position applying for: _____

Are you applying for:

- Regular full-time work
- Regular part-time work
- Temporary work
(*ex. summer or holiday*)

Are you available to work overtime, if necessary?

- Yes
- No

What days and hours are you available to work? _____

If applying for temporary work, during what period of time will you be available? _____

If hired, on what date can you start work? _____

Desired Salary: _____

Personal Information

Have you ever applied or worked for AVHC before?

- Yes
When? _____
- No

Do you have any friends/relatives working for AVHC?

- Yes
Who? _____ Relation: _____
- No

Why are you applying for work at Anderson Valley Health Center? _____

If hired, do you have a reliable means of transportation to/from work?

- Yes
- No

Are you at least 18yrs of age? *(If under the age of 18yrs old, hire is subject to verification that you're of minimum legal age for employment)*

- Yes
- No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

- Yes
- No

Are you able to perform the essential functions of the job for which you are applying?

- Yes
- No

If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measure that may be necessary for eligible applicants/employees to perform essential functions).

Are you able to perform all other duties of the job for which you are applying?

- Yes
- No

If no, describe the other duties that cannot be performed _____

(Note: Hire may be subject to passing a medical examination and to skill and agility tests).

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? *(Convictions for marijuana related offenses that and more than two years old need not be listed.)*

- Yes

If yes, state nature of crime(s), when and where convicted and disposition of the case.

- No

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense, the nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered).

Work Experience

Are you currently employed with the following employer? If yes, may we contact employer?

- Yes Yes
- No No

Type of Business: _____ Name of Employer: _____

Your Supervisor's Name: _____

Address: _____

No. Street City State Zip

Phone Number: (____) _____ - _____ Your position and duties performed: _____

Date of employment: From: _____ To: _____

If no longer employed, reason for leaving: _____

Are you currently employed with the following employer? If yes, may we contact employer?

- Yes Yes
- No No

Type of Business: _____ Name of Employer: _____

Your Supervisor's Name: _____

Address: _____

No. Street City State Zip

Phone Number: (____) _____ - _____ Your position and duties performed: _____

Date of employment: From: _____ To: _____

If no longer employed, reason for leaving: _____

(Use additional pages if necessary)

Education, Training and Experience

School	Name & Address	Years	Graduated?	Degree/Diploma?
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High School

College/University

Vocational/Business

Health Care

If applying for a Professional Position, please answer the following questions:

License/Certifications *(Only if you're applying for a professional position)*

Are you Licensed/Certified for the job you're applying for?

Yes

1. Name of License/Certification: _____

2. Issuing State: _____

3. License/Certification Number: _____

No

Has your License/Certification ever been revoked or suspended:

Yes

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

No

Do you have any other experiences; training qualifications or skills that you may feel makes you especially suited for the work at Anderson Valley Health Center?

Yes

If yes, please explain: _____

No

Many of our customers (clients) do not speak English; do you speak, write or understand any foreign languages?

Yes

If yes, which language(s): _____

No

Military Service

Have you obtained any special skills or abilities as the result of services in the military?

Yes

If yes, please describe: _____

No

References *(List three people not related to you who have knowledge of your work performance)*

Name: _____ Occupation: _____

Phone Number: (____) _____ - _____ Number of years acquainted: _____

Name: _____ Occupation: _____

Phone Number: (____) _____ - _____ Number of years acquainted: _____

Name: _____ Occupation: _____

Phone Number: (____) _____ - _____ Number of years acquainted: _____

Please read carefully and initial after each paragraph then sign bellow:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chance for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

Initials: _____

I hereby authorize the AVHC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the AVHC any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release AVHC, my former employer and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials: _____

I hereby agree to submit to binding arbitration all disputes and claims arising out to the submission of this application. I further agree, in the event that I am hired by AVHC, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with AVHC, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and, there are no other agreements as to dispute resolution, either oral or written.

Initials: _____

I understand that nothing contained in the applications, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and AVHC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or AVHC, and that no promises or representations contrary to the foregoing are binding on AVHC unless made in writing and signed by me and AVHC'S designated representative

Initials: _____

Applicants Signature: _____ Date: _____