

COMMUNITY HEALTH DEVELOPMENT, INC.

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applying for:	Date of Application				
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Are you legally eligible for employment in the U.S.? Yes No

Proof of citizenship or immigration status will be required upon employment

Have you previously applied for employment with us? Yes No

Month/Year applied _____

Have you ever been employed with us before? Yes No

If yes, give date _____

On what date would you be available for work? _____

Are you available to work: Full time Part time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Do you have a valid driver's license and updated vehicle insurance? Yes No

Have you ever been convicted of a crime? (*A conviction will not necessarily disqualify you*)
 Yes No

If yes, please explain _____

Have you taken any illegal drugs within the last year? Yes No

If yes, please explain _____

We are an Equal Opportunity Employer

Education

	Name and Location of School	Course of Study	No. of Years completed	Did you Graduate? If yes list highest degree obtained
High School				
College				
Trade, Business, Correspondence School				

Indicate any foreign languages (other than English) you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> Fax	<input type="checkbox"/> Multi Phone System	<input type="checkbox"/> Wordperfect
<input type="checkbox"/> Copier	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Powerpoint
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS Word	<input type="checkbox"/> Office XP
<input type="checkbox"/> Typewriter wpm _____	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> Accounting Software
<input type="checkbox"/> Filing		

Other(s)

(to include software): _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities, job-related training received in the United States military and professional, trade, business or civic activities and offices held.

Employment Experience

We will be contacting all of your listed references so please make sure all information is current and correct. Start with your present or most recent job even if you attach a resume. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Please give accurate, complete full-time and part-time employment record.	
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we contact your current employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<hr/>	
1. Company name _____ Telephone _____	
Address _____	
Contact Person _____	
Your job title and description of work _____	

Dates of employment: From _____ To _____ Salary/Start & Final _____	
Reason for leaving _____	
<hr/>	
2. Company name _____ Telephone _____	
Address _____	
Contact Person _____	
Your job title and description of work _____	

Dates of employment: From _____ To _____ Salary/Start & Final _____	
Reason for leaving _____	
<hr/>	
3. Company name _____ Telephone _____	
Address _____	
Contact Person _____	
Your job title and description of work _____	

Dates of employment: From _____ To _____ Salary/Start & Final _____	
Reason for leaving _____	

4. Company name _____ Telephone _____
 Address _____
 Contact Person _____
 Your job title and description of work _____

 Dates of employment: From _____ To _____ Salary/Start & Final _____
 Reason for leaving _____

If additional space is needed, attach a separate sheet of paper with the information

We will be contacting all of your listed references so please make sure all information is current and correct.

Please list Professional References not listed in your “Employment Experience” on page 3.

Professional References

1. Name _____ Phone _____

How does this person know your work knowledge or work ethics?

Are they related to you? Yes No

2. Name _____ Phone _____

How does this person know your work knowledge or work ethics?

Are they related to you? Yes No

3. Name _____ Phone _____

How does this person know your work knowledge or work ethics?

Are they related to you? Yes No

4. Name _____ Phone _____

How does this person know your work knowledge or work ethics?

Are they related to you? Yes No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand there is pre-employment background check, if hired, random drug testing, as needed.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that in order for my application to be processed and be considered all questions must be answered completely.

Signature

Date