Ashland Health Center Application for Employment

General Information	
Full Name:	
Phone Number:	
Physical Address:	
Mailing Address:	
Email Address:	

AHC Mission Statement:
"Entrusted with peoples' lives, we are committed to provide, enhance, and preserve the health care of our community with compassion, dignity and excellence".

Employment Desired	
Position Applying For	
Type of Work Desired	☐ Full-time (60-80 hours per pay period) ☐ Part-time (39-59 hours per pay period) ☐ Temporary/PRN
My Shift Preference	☐ Day Shift ☐ Evening Shift ☐ Night Shift
Are you willing to work weekends/holidays?	☐ YES ☐ NO
Desired Salary	$
Available Start Date	

Employment Eligibility		
Are you 16 years or older?	☐ YES	☐ NO
Are you a U.S. Citizen?	☐ YES	☐ NO
If no, are you allowed to work in the U.S.?	☐ YES	☐ NO
Have you ever been convicted of a felony?	☐ YES	☐ NO
Have you received an approved COVID-19 vaccination?	☐ YES	☐ NO
Do you wish to receive the COVID-19 vaccination?	☐ YES	☐ NO
***If no, you must submit an exemption request (provided by AHC) within 5 business days prior to start of employment.**		
Have you reviewed the job description?	☐ YES	☐ NO
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?	☐ YES	☐ NO
Explain any accommodations which we should consider before placement.		

Ashland Health Center Application for Employment

Education				
	Name of School	**Year(s)**	**Did you graduate**	**Degree**
High School or GED:				
College:				
Other:				

Occupational License, Certificate or Registration	**Number**	**Issued by**	**Expiration Date**

Work Experience		
Are you currently in a contract with a healthcare organization or recruitment firm?	☐ YES	☐ NO
If yes with who?		
When does your contract end?		

Employer #1:	**Phone Number:**	
Job Title:	**Start Date:** **End Date:**	
Supervisor:	**Salary**	**$**
Specific Duties:		

Employer #2:	**Phone Number:**	
Job Title:	**Start Date:** **End Date:**	
Supervisor:	**Salary**	**$**
Specific Duties:		

Employer #3:	**Phone Number:**	
Job Title:	**Start Date:** **End Date:**	
Supervisor:	**Salary**	**$**
Specific Duties:		

Ashland Health Center Application for Employment

Military Status

Are you currently a member of the National Guard?	☐ YES	☐ NO

Professional References

Name	Relationship	Years Known	Phone Number

Employment Referral

Name	Phone Number

How did you hear about the position you are applying for?

	Through a friend
	Social Media (Facebook, Facebook Groups)
	School job board/careers website
	Indeed
	Word of Mouth
	Other

Disclaimer and Signature

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

I authorize AHC to make an investigation of any of the facts set forth in this application and release AHC from any liability. AHC may contact any listed references or prior employment on this application.

I acknowledge and understand that AHC is an “at will” employer. Therefore, any employee may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Signature of Applicant:		**Date:**