



ASHLAND HEALTH CENTER
**APPLICATION FOR EMPLOYMENT
 FORM**

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".

GENERAL INFORMATION

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

EMPLOYMENT DESIRED

Position Applying For:	Desired Salary:
Type of Work Desired: <input type="checkbox"/> Full-time (60-80 hours per pay period) <input type="checkbox"/> Part-time (39-59 hours per pay period) <input type="checkbox"/> Temporary/PRN	My Shift Preference: <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift
Are you willing to work weekends/holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Available Start Date:

EMPLOYMENT ELIGIBILITY

Are you 16 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you allowed to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you reviewed the job description? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any accommodations which we should consider before placement:	

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:

Company:	Phone Number:	
Job Title:	Start Date:	End Date:
Supervisor:	Salary:	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties:		

Employer 2:

Company:	Phone Number:	
Job Title:	Start Date:	End Date:
Supervisor:	Salary:	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties:		

Employer 3:

Company:	Phone Number:	
Job Title:	Start Date:	End Date:
Supervisor:	Salary:	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties:		

MILITARY STATUS

Are you currently a member of the National Guard? Yes No

PROFESSIONAL REFERENCES

Name	Relationship	Years Known	Phone Number

EMPLOYMENT REFRRAL

Name	Phone Number

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

- Through a friend
- Social Media (Facebook, Facebook Groups)
- Word of Mouth
- School job board/career website
- Indeed
- 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.

Applicant Signature:

Date: