

Employment Application

DIRECTIONS

Respond to ALL questions. If a particular question does not apply to you, or the position for which you are applying, write N/A in the appropriate blank. PLEASE PRINT CLEARLY. Incomplete applications will not be considered.

EQUAL OPPORTUNITY EMPLOYER:

First Community Health Services will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, citizenship status, disability, handicap or any other legally protected category. Any information received about the Applicant will not be used for impermissible purposes.

PERSONAL

NAME Last	First	Middle Initial	Social Security No.	Date of Application
Address			Date of Birth:	Zip Code
How did you hear of job opening?			Home Phone	Alternate Phone
Are employment records pertaining to you kept under other name? If yes give full name. ___Yes ___No			e-mail:	
In case of emergency notify:			If under 18 years of age, do you have a work permit? ___Yes ___No	
Name		Phone		

POSITION DESIRED

Position Applied for: (Be Specific)	Salary Expected
Date Available:	___ Full-Time ___ Part-Time ___ PRN/per diem
Shift(s) Preferred: ___Day ___Evening ___Night ___All	
Days Preferred ___Sun ___Mon ___Tues	___ Temporary
___Wed ___Thurs ___Fri ___Sat	Are you willing to work weekends? ___Yes ___No

LICENSE OR CERTIFICATION

Type	State	Date Receive	Last Renewal	Certificate Number	Examination or Reciprocity
					___ ___
					___ ___
					___ ___

EDUCATION

Are you attending school now? ___Yes ___No	Course of Study: _____ Languages Spoken: English ___Spanish ___French ___Arabic ___
Circle Last year of school completed 1 2 3 4 5 6 7 8 9 10 11 12	College: 1 2 3 4 5 6 7 8 Nursing: 1 2 3 4 Business or Trade: 1 2 3 4
High School City/State	Graduate ___Yes ___No
College or Nursing	Degree _____
Business or Trade	Grade Point Average _____
	___Yes ___No
	___Yes ___No

EMPLOYMENT HISTORY

1) COMPANY NAME	PHONE NUMBER
ADDRESS	EMPLOYED FROM: ____/ ____/ ____ TO: ____/ ____/ ____
SUPERVISOR/MANAGER NAME	HOURLY PAY START: _____ LAST: _____
JOB TITLE AND DUTIES:	REASON FOR LEAVING:
2) COMPANY NAME	PHONE NUMBER
ADDRESS	EMPLOYED FROM: ____/ ____/ ____ TO: ____/ ____/ ____
SUPERVISOR/MANAGER NAME	HOURLY PAY START: _____ LAST: _____
JOB TITLE AND DUTIES:	REASON FOR LEAVING:
3) COMPANY NAME	PHONE NUMBER
ADDRESS	EMPLOYED FROM: ____/ ____/ ____ TO: ____/ ____/ ____
SUPERVISOR/MANAGER NAME	HOURLY PAY START: _____ LAST: _____
JOB TITLE AND DUTIES:	REASON FOR LEAVING:

**PLEASE READ CAREFULLY AND UNDERSTAND
BEFORE SIGNING YOUR APPLICATION**

The information I have provided in this Application for Employment is true, correct, and complete to the best of my knowledge. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination.

I authorize FIRST COMMUNITY HEALTH SERVICES, LLC to contact and obtain information about me from previous employers, educational institutes, and “references” I provided, and any other party necessary to verify the accuracy of information contained in this application, all interviews, or resumes. I waive all rights and claims I may otherwise have with FCHS or its representatives, for seeking and using information to evaluate my employment report and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in sixty (60) days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I will then need to re-apply for future employment consideration.

This application is not an employment agreement. If I am offered a position, and accept, I understand FCHS may terminate my employment at any time without cause and without prior notice, unless required by law. I understand that no one, other than administrative personnel, has authority to enter into any employment agreement with term contrary to the forgoing and then only in writing, signed by such personnel. I also fully understand this information is confidential and only the appropriate administrative personnel will have access to your application.

**I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS
IN THE ABOVE STATEMENT.**

APPLICANT'S SIGNATURE

____/____/_____
DATE

FIRST COMMUNITY HEALTH SERVICES, LLC

REFERENCE CHECK

REVISED 4/22/11

APPLICANT'S INFORMATION

APPLICANT'S NAME		DATE OF APPLICATION
PREVIOUS EMPLOYER		
ADDRESS OF FORMER EMPLOYER		
TELEPHONE OF FORMER EMPLOYER	REASON I MAY RECEIVE BAD REFERENCE, IF ANY	

I GIVE PERMISSION FOR YOU TO RELEASE ANY INFORMATION PERTAINING TO MY EMPLOYMENT INCLUDING DATES, QUALITY OF WORK, ATTENDANCE/DEPENDABILITY, JOB KNOWLEDGE/SKILLS, RELIABILITY AND ELIGIBILITY FOR REHIRE .

SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATURE

____/____/____
DATE

The above individual has applied for a position with our company. If you would complete this reference check form and return by fax to (937) 247 -0575, it would be greatly appreciate d.

EMPLOYEE INFORMATION (APPLICANT DO NOT WRITE IN THESE SPACES.)

DATES OF EMPLOYMENT FROM _____ TO _____		POSITION AND DUTIES PERFORMED	
REASON FOR TERMINATION			
WOULD YOU REHIRE? YES ____ NO ____		IF ANSWER IS NO. REASON WHY .	
QUALITY OF WORK:	GOOD _____	FAIR _____	POOR _____
RELIABILITY:	GOOD _____	FAIR _____	POOR _____
JOB KNOWLEDGE/SKILLS:	GOOD _____	FAIR _____	POOR _____
ATTENDANCE/DEPENDABILITY:	GOOD _____	FAIR _____	POOR _____
COMMENTS:			
HOW VERIFIED: _PHONE _MAIL _FAX		TITLE	DATE
INFORMATION PROVIDED BY:			
NAME OF REP. COLLECTING INFORMATION:		TITLE	DATE

FIRST COMMUNITY HEALTH SERVICES, LLC

Additional Information

Personal References:

1. Name:-----Phone Number:-----

Address:-----

Relationship:-----Number of years known:-----

2. Name:-----Phone Number:-----

Address:-----

Relationship:-----Number of years known:-----

3. Name:-----Phone Number:-----

Address:-----

Relationship:-----Number of years known:-----

Please do not write below this line

Office use only

1. Name:-----Date checked:-----

Years known:-----Relationship-----

Character:-----

2. Name:-----Date checked:-----

Years known:-----Relationship-----

Character:-----

3. Name:-----Date checked:-----

Years known:-----Relationship-----

Character:-----