



VALLEY VIEW HEALTH CENTER

Employment Application

(Applicant considered for 90 days)

Position(s) applied for _____ Applicant Date _____

Name _____

Last First M.I. Email Address

Address _____

Street City State Zip Area Code/Telephone No.

Are you 18 years or older? Yes or No (If under 18 a work permit & drug test authorization are required)

Are you legally eligible for employment in the United States?..... Yes or No

Were you referred to us? Yes or No Referral source _____

Have you ever been employed by our company?..... Yes or No

Type of employment desired (circle): F/T P/T Temp. Any Date Available _____

Are you able to meet the attendance requirements of position applied for:..... Yes or No

Are you able to perform the essential functions of the job with or without reasonable accommodation?..... Yes or No

Are you willing to undergo a background check, in accordance with local law/regulations?

Yes or No If no, Please explain _____

EDUCATIONAL RECORD

Name & Location	Diploma or Degree	List any Technical Skills or Equipment Operated
High School		
College		
Business, Trade Military, Other		

US MILITARY SERVICE

Branch of Service	Date In	Date Out	Where Served	Specialty

SKILLS/EXPERIENCE

Summarize special skills/qualifications acquired from employment or other experiences

Indicate any other skills related to the position you are seeking



REFERENCES

Name	Telephone Number	Years Known

I authorize the employer to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.....

Applicant's Signature

EMPLOYMENT HISTORY (List employers starting with the most recent)

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving			
From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving			
From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving			

LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS, AND EXPLAIN

May we contact your present employer?..... Yes or No

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. Applicant's Initials _____

APPLICANT SIGNATURE _____ **DATE** _____

-WE ARE AN EQUAL OPPORTUNITY EMPLOYER-