



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)	HOME PHONE	OTHER PHONE	E-MAIL ADDRESS
STREET ADDRESS	CITY	STATE	ZIP CODE
Have you ever been employed or attended school under another name?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide other name(s)			
If hired, can you provide evidence of your identity and eligibility to work in this country?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years of age or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, would you have a reliable means of transportation to and from work		<input type="checkbox"/> Yes	<input type="checkbox"/> No

POSITION INFORMATION

POSITION DESIRED	DATE AVAILABLE TO BEGIN WORK	SALARY DESIRED
EMPLOYMENT DESIRED <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time/Per Diem <input type="checkbox"/> Special project (Seasonal work or other)		
If you are applying for part-time or special project work, please describe your availability. _____ _____		
Have you ever applied to this organization before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?		
Can you perform the essential functions of the position for which you are applying with or without a reasonable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be available to work overtime if necessary?		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

	Name of school	City and State	Dates	Level completed	Degree/ Diploma/ Certification
High School				9 10 11 12	
College				1 2 3 4	
College				1 2 3 4	
Vocational Training					

Describe below how your educational experiences relate to the position for which you are applying at Alta Family Health.

PROFESSIONAL CREDENTIALS & SKILLS

Occupation: _____

Type: License Certificate Registration

Has your license(s), certification(s) or registration(s) ever been subject to disciplinary action (such as suspension or revocation)? Yes No

Please list all professional credentials held

Are you under investigation which could result in disciplinary action with respect to our license(s), certification(s) or registration(s)? Yes No
If yes, please explain: _____

Bilingual Language(s): _____ Please select: Speak / Read / Write

CPR Certified / Expiration date _____

Do you have any other experience, training, qualifications, accomplishments or skills which you feel make you especially suited for the position? If so, please explain.

FORMER EMPLOYERS List below your employment history for the past 10 years, or your last three employers, (whichever is greater) starting with the most recent position. You may attach an extra sheet of paper if more room is needed.

Name and Address of Employer	Telephone No.	Dates of Employment Fr: To:
Job Title	Name of Immediate Supervisor	
Describe Your Job Duties	Reason for Leaving	

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Have you ever been terminated from employment for a reason other than a layoff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have relatives or friends employed by ALTA FAMILY HEALTH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are their names and relationship to you?		

REFERENCES Please list three professional references (exclude relatives) who have knowledge of your work performance.

Name	Phone Number	Occupation	Number of Years Acquainted

PLEASE READ AND SIGN BELOW. Applications that have not been signed will be considered incomplete and will not be accepted.

I certify that all information submitted on this application is true and complete. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any falsification, omission, or misrepresentation of material facts may constitute grounds for rejection of this application or immediate dismissal from employment, if hired, regardless of the time elapsed before discovery of the omission or misstatement.

I authorize Alta Family Health Clinic, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize my former employers to disclose to Alta Family Health Clinic any and all records and information related to my work, and release the company, my former employers and all other persons or entities from any and all liability for issuing, receiving or using such information.

I agree that if employed, I will abide by Alta Family Health Clinic's policies and procedures. Upon termination, I authorize the release of reference information regarding my work while employed at Alta Family Health Clinic and release all employees, agents and representatives from any and all claims I may have as a result of such disclosure.

I understand that nothing contained in this application or conveyed during any interview, which may be granted, is intended to create a contract of employment. I understand that employment at Alta Family Health Clinic Inc. is at-will, for no definite period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company. Agreements contrary to this policy may only be made in writing, signed by me and a Managing Partner/Provider.

Applicant's signature _____ Date _____