

Capital Area Health Network

Vernon J. Harris Medical Center

Main Street Medical Center

APPLICATION FOR EMPLOYMENT

(Please type or print clearly in black ink)

Date: _____

Name: _____ SSN#: _____

Address: _____ Telephone: () _____

POSITION APPLYING FOR: _____

Full-time Part-time Voluntary Internship Temporary (seasonal)

EDUCATION:

Circle highest grade completed: Date of Graduation: _____

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

School	Name	Location	Dates Attended	Degree/Diploma	Major/Minor Coursework
(High)					
(College or University)					
(Graduate or Professional)					
Other (Education, Vocational, Internship, etc.)					

Verification of your education is required prior to appointment to the position.

EMPLOYMENT HISTORY

Start with your present or most recent job. Do not omit any job (s) A resume may be included with your application

May we contact your present employer? yes no

Employer _____	Address: _____	Telephone # _____
Position Title _____	Supervisor's Name _____	Number supervised by you _____
Date employed (mo/yr) _____	Starting salary _____	Ending salary _____
	Reason for leaving _____	
Date separated (mo/yr) _____	Duties: _____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

Employer _____	Address: _____	Telephone # _____
Position Title _____	Supervisor's Name _____	Number supervised by you _____
Date employed (mo/yr) _____	Starting salary _____	Ending salary _____
	Reason for leaving _____	
Date separated (mo/yr) _____	Duties: _____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no, if no please explain _____		

Employer: _____ Address: _____ Telephone # _____

Position Title: _____ Supervisor's Name _____ Number supervised by you _____

Date employed (mo/yr) _____ Starting salary _____ Ending salary _____ Reason for leaving _____

Date separated (mo/yr) _____ Duties: _____

Full-time Part-time

May we contact employer? yes no, if no please explain _____

Employer: _____ Address: _____ Telephone # _____

Position Title: _____ Supervisor's Name _____ Number supervised by you _____

Date employed (mo/yr) _____ Starting salary _____ Ending salary _____ Reason for leaving _____

Date separated (mo/yr) _____ Duties: _____

Full-time Part-time

May we contact employer? yes no, if no, please explain _____

Special Skills, Qualifications and Consideration:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking.

Have you ever been employed by Vernon J Harris East End Community Health Center? _____

If so, when _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____ Have you ever been convicted of a felony? _____ if yes please explain _____

(Please note that a "yes" answer will not bar you from consideration for employment) _____

Current Professional Status: _____

Licenses & Current Certification: _____

References:

List individuals who are familiar with your qualifications and abilities. Do not list relatives.

Name	Occupation	Years Known	Telephone

Vernon J. Harris Medical Center is an Equal Employment Opportunity Employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. VJH will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

Application and/or Resume' Validation

I certify that all answers and statements I have made on this application and/or resume (or other supplementary materials) are true and complete without omissions. I understand that any false information will result in refusal to hire or immediate discharge if I am employed. I authorized any of the persons or organizations named in this application or resume to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules, regulations and personnel policies of Vernon J Harris Medical Center, as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement, which I have entered into with the corporation.

I also understand that no representative of Vernon J Harris Medical Center has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the Executive Director.

I understand this application is not an offer of employment and not promises or representations of employment have been made to me at this time.

By signing below, I authorized Vernon J Harris Medical Center to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I further authorized Vernon J Harris to order one or more consumer reports containing financial, driving record, and/or other information about me from a consumer reporting agency. I understand that the consumer report(s) will be requested and used for the purpose of evaluating me for employment, promotions or retention as an employee.

I have read, understand and agree with the above.

Signature of Applicant

Date