

# Five Rivers Health Center

2261 Philadelphia Dr.

Suite 200

Dayton, OH 45406

## APPLICATION FOR EMPLOYMENT

Discrimination against individuals because of race, color, creed, religion, national origin, ancestry, sex, age, citizenship, sexual orientation, disability, or military service is against Company Policy and is expressly prohibited by law.

### PERSONAL INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_

Have you worked under any other name? \_\_\_ No \_\_\_ Yes (Required for verifying education, employment records and references). If yes, please provide the name (s) \_\_\_\_\_

Are you, or have you ever been, excluded from providing services under Medicaid, Medicare or any other federally funded program? \_\_\_\_\_ No \_\_\_\_\_ Yes

Have you ever been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, please explain: \_\_\_\_\_

A conviction record will not necessarily be a bar to employment. This information will be used for job-related purposes and only to the extent permitted by applicable law.

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid drivers license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

### Employment Desired

Position \_\_\_\_\_  Full-Time  Part-Time

Date you can start \_\_\_\_\_ Desired Salary/Hourly rate \_\_\_\_\_

Do you have any relatives who are presently employed by or on the board of Five Rivers Health Center \_\_\_ Yes \_\_\_ No

If yes, give name of relative and relationship: \_\_\_\_\_

How were you referred to Five Rivers Health Center? \_\_\_\_\_

**EDUCATION**

	School/Location _____	Last Year Completed 1 2 3 4	Did You Graduate? Yes ___ No ___	Degree/Course of Study _____
High School/GED	_____	1 2 3 4	Yes ___ No ___	_____
Undergraduate College/Univ.	_____	1 2 3 4	Yes ___ No ___	_____
Graduate or Professional	_____	1 2 3 4	Yes ___ No ___	_____
Other (Trade School, etc.)	_____	1 2 3 4	Yes ___ No ___	_____

List specialized training or certifications: \_\_\_\_\_

Licensure / Certification License	Number	State	Expiration Date
_____	_____	_____	_____

Has your license/certification (in any state) ever been revoked? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain \_\_\_\_\_

**EMPLOYMENT HISTORY**

(Please include all employment for the last five years. Indicate most recent position first. Use back of form if necessary.)

Employer \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position (s) \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  Full-time  Part-time  
 Immediate Supervisor (Name , Title) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Ending Wage/Salary \_\_\_\_\_  
 May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

Employer \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position (s) \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  Full-time  Part-time  
 Immediate Supervisor (Name , Title) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Ending Wage/Salary \_\_\_\_\_  
 May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

Employer \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position (s) \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  Full-time  Part-time  
 Immediate Supervisor (Name , Title) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Ending Wage/Salary \_\_\_\_\_  
 May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

❧ PROFESSIONAL REFERENCES ❧

List individuals most familiar with your skills and qualifications. Do not list relatives or supervisors already identified on this application.

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Years Known \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Business Address  Home Address  
 Telephone \_\_\_\_\_  Business Phone  Home Phone

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Years Known \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Business Address  Home Address  
 Telephone \_\_\_\_\_  Business Phone  Home Phone

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Years Known \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Business Address  Home Address  
 Telephone \_\_\_\_\_  Business Phone  Home Phone

**RESIDENCE RECORD**

Our background checking procedures require addresses for the previous five years.  
Use back of form if necessary.

Address \_\_\_\_\_ Dates: \_\_\_\_\_  
From To  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ Dates: \_\_\_\_\_  
From To  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ Dates: \_\_\_\_\_  
From To  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application may be grounds for rejection of this application or dismissal from employment if subsequently discovered.

I authorize Five Rivers Health Center to make inquiries, which may provide background regarding my character, general reputation, and past work performance. I hereby authorize Five Rivers Health Center to inquire and also authorize and request each former employer, educational institution, persons, governmental and law enforcement agencies to answer all questions, which may be legally asked, and to release all information, which may be legally sought. I hereby release all parties from any liability or responsibility for doing so.

I understand that as an applicant for employment with this Company, I will be required to undergo drug testing and a physical exam as part of the application process.

I hereby acknowledge that any employment relationship with Five Rivers Health Center is of an “at will” nature, which means that the employee may, at any time, terminate employment and the Employer may discharge the Employee, at any time, with or without cause. It is further understood that this “at will” employment relationship may not be changed, either orally or in writing, by any Agent of the Agency.

If hired, I agree to comply with all rules, regulations, and employment policies of Five Rivers Health Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_