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 o	different from above)	City	State	Zip		
Social Security Number		-	Telephone			
Have you worked under a and references). If yes, p				tion, employment records		
Are you, or have you eve funded program?		oviding services t	under Medicaid, Medicar	e or any other federally		
Have you ever been con	nvicted of a felony?	No	Yes If yes, please	e explain:		
A conviction record will not the extent permitted by appl		oloyment. This inf	ormation will be used for jo	b-related purposes and only to		
Federal law prohibits the employment authorization hired. Failure to submit s	and identity (valid driver	s license, birth ce	rtificate, Green Card, etc.) within three days of being		
	Emp	oloyment D	esired			
Position			Full-Time	Part-Time		
Date you can start	Des	sired Salary/Ho	urly rate			
Do you have any relatives v	who are presently employed	by or on the board	of Five Rivers Health Cent	erYesNo		
If yes, give name of relative How were you referred to F						

₹ EDUCATION **₹**

	School/Location	Last Year Completed	Did Grad		Degree/Course of Study
High School/GED			Yes	No -	
			100	110	
Undergraduate			X 7	N	
College/Univ			Yes	No	
Graduate or Professional			Yes	No	
Other (Trade School, etc.)			Yes	No	
List specialized trainir	ng or certifications:				
Licensure / Certification License	on Number	Sta	te		Expiration Date
					•
	ll employment for the last five	-	st recent p	osition first. Use	
			-	Stat	teZ1p
Dates of Employment:				☐ Full-time	☐ Part-time
• •	(Name, Title)				
-					
	mployer for a reference? Y				
Employer			Pł	none No. ()
Address		Ci	ty	Stat	teZip
Position (s)					
Dates of Employments	: From:	_To:		☐ Full-time	☐ Part-time
Immediate Supervisor	(Name, Title)				
Reason for Leaving					
				whv ⁹	

		Phone No. (
			CityState					
Dates of Employment:	From:	To:		art-time				
Immediate Supervisor	(Name, Title)							
			* 2 1 2					
•			If no, why?					
	S PR	OFESSIONAL	REFERENCES ~					
List individuals most fam application.	iliar with your skills and o	qualifications. Do n	ot list relatives or supervisors already i	dentified on this				
appinoution.								
Name			Occupation					
Address			Years Known					
City	State	Zip		Home Address				
Геlephone			☐ Business Phone ☐	Home Phone				
Name			Occupation					
Address			Years Known					
			☐ Business Address ☐					
				3 Home I none				
Name			Occupation					
			Years Known					
			☐ Business Address ☐					
Telephone			Rusiness Phone					

SESIDENCE RECORD ◆ Property Appendix App

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

Address			Dates:	 	
City	State	Zip		From	
Address			Dates:	From	То
	State				
Address			Dates:		
City	State	Zip		From 	То
అ	AUTHORIZATION FOR	RELEASE	OF INFOR	MATION •	&
complete to the best o	on was completed by me and of my knowledge. I understande grounds for rejection of this	d that misrep	resentation of	r omission o	f facts requested on
character, general reprinquire and also authorand law enforcement a	rs Health Center to make inquitation, and past work performance and request each former of agencies to answer all question ay be legally sought. I hereby	nance. I here employer, ed ns, which ma	eby authorize lucational ins ay be legally	Five Rivers titution, pers asked, and to	Health Center to ons, governmental o release all
	n applicant for employment w exam as part of the application		pany, I will b	e required to	undergo drug
nature, which means t discharge the Employ	that any employment relation hat the employee may, at any ee, at any time, with or withou hip may not be changed, eithe	time, termin ut cause. It is	ate employm s further und	ent and the E erstood that t	Employer may his "at will"
If hired, I agree to cor	nply with all rules, regulation	s, and emplo	yment polici	es of Five Ri	vers Health Center.
Signature:				Date:	