



EMPLOYMENT APPLICATION 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 the United States?		<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
If required for this position, do you have a valid driver's license? (If YES, please provide state of issuance, license #, and expiration date.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

POSITION INFORMATION

POSITION DESIRED	HOW DID YOU LEARN OF THIS POSITION?	DATE AVAILABLE TO BEGIN WORK
		SALARY DESIRED
EMPLOYMENT DESIRED		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem/On-Call <input type="checkbox"/> Special project (Seasonal work or other)		
If you are applying for part-time or special project work, please describe your availability. _____		
Please list any scheduling restrictions, including days, hours and shifts: _____		
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/License
High School				9 10 11 12	
College				1 2 3 4	
College				1 2 3 4	

Vocational Training					
Licensing (include # and expiration date)					

SKILLS

Please check any boxes corresponding to skills you possess

Typing WPM _____ Telecommunications System*

*Name the specific software/equipment used

10 key by Touch/ Sight (circle) Word Processing*

Computer* Spreadsheet*

Bilingual _____

Other _____

Do you have any other experience, training, qualifications, accomplishments or skills (including skills obtained from military service), 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 needed.

Name and Address of Employer		Telephone No.	Dates of Employment Fr: To:
Job Title	Salary History	Name of Immediate Supervisor	
		May we contact? Yes / No	
Describe Your Job Duties		Reason for Leaving	

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Name and Address of Employer		Telephone No.	Dates of Employment Fr: To:
Job Title	Salary History	Name of Immediate Supervisor	
		May we contact? Yes / No	

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? Yes No

May we contact your current employer? Yes No

Is there a criminal conviction (misdemeanor or felony) on your record? Yes No
(Marijuana convictions older than 2 years should **not** be disclosed.)

Date of conviction _____

If yes, please describe. Conviction does not automatically exclude you from consideration; Livingston Community Health will consider whether the offense is relevant to the position for which you have applied.

Do you have relatives employed by Livingston Community Health? Yes 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 and Email	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 Livingston Community Health 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 Livingston Community Health 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 Livingston Community Health's policies and procedures. Upon termination, I authorize the release of reference information regarding my work while employed at Livingston Community Health 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 Livingston Community Health 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 Livingston Community Health.

Applicant's signature _____ Date _____