

# CHOICE Regional Health Network

## Application for Employment

Position Applied for	Date of Application
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Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Phone	Message Phone	Other Phone	
Email Address			

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? - If yes, give date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? - If yes, give date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed? - May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Are you authorized to work lawfully in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available to work?		
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Can you travel if the job requires?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been involuntarily terminated from a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		

## Education

	Name and Location of School	Course of Study	Year Completed	Diploma/Degree Level
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

<p>Speak, Read, and Write Fluently:</p> <p><input type="checkbox"/> English      <input type="checkbox"/> Other:</p>
<p>Describe any specialized training, apprenticeship, skills and extra-curricular activities:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Describe any job-related training received in the United States military:</p> <p>_____</p> <p>_____</p> <p>_____</p>

## Employment

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	From	To
Address		
Job Title		
Responsibilities		
Reason for Leaving		

Employer	From	To
Address		
Job Title		
Responsibilities		
Reason for Leaving		

Employer	From	To
Address		
Job Title		
Responsibilities		
Reason for Leaving		

Employer	From	To
Address		
Job Title		
Responsibilities		
Reason for Leaving		

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

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## Additional Information

<b>Other Qualifications</b> Summarize special job-related skills and qualifications acquired from employment or other experience. <hr/> <hr/> <hr/> <hr/>				
<b>Rate your computer proficiency</b>				
MS Outlook	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Years Utilized: _____
MS Word	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Years Utilized: _____
MS Excel	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Years Utilized: _____
MS PowerPoint	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Years Utilized: _____
MS Access	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Years Utilized: _____
Define other computer software programs of proficiency: <hr/> <hr/>				

## Applicant Statement

<p>I certify that the answers given herein are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p><b>I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.</b></p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.</p> <hr/> <p>Signature of Applicant</p>		<hr/> <p>Date</p>
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