



Application for Employment

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of race, color, religion, gender, national origin, age, height, weight, mental or physical disability, marital status, genetic information or veteran status, or any other legally protected status.

Personal Information

Position Applied For:				Date of Application:
Last Name	First Name	Middle Name	Maiden Name (Other names known by)	Social Security No.
Present Address	Street	City	State	Zip
e-mail address:				
Home Telephone ()	Cell phone ()	Work Telephone ()	May we contact you at your office? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How Did You Learn About Us?		<input type="checkbox"/> Advertisement (Where? _____)		
<input type="checkbox"/> Friend	<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency (Which One? _____)		
<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____		

Best time to contact you at home: Before _____ or After _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before?
If Yes, give date _____ Position applied for _____ Yes No

Have you ever been employed with us before?
If Yes, give date _____ Position held _____ Yes No

Do any of your friends or relatives work here?
If Yes, state name, relationship and location _____ Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

Country of Citizenship _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No Current Visa status is: _____

Have you ever been convicted of or pled guilty to a crime or have felony charges currently pending against you?
 Yes No If yes, describe _____

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)
 Weekends (Please indicate 1 2 shift)

Is there any reason you could not work full time? Yes No If yes please explain: _____

Are there hours or days of the week you cannot work? Yes No If so, when? _____

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Can you travel if a job requires it? Yes No

Do you have a valid Drivers License without restrictions? Yes No

Is there anything preventing you from complying with any professional requirement? Please explain: _____

Have you ever been involved in any other activity that would create doubt about your ability or right to work or practice?

Work Experience

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. **(SEE RESUME IS NOT AN APPROPRIATE RESPONSE)**

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			

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Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			

Education

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate/ Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments

Please explain all gaps in your employment, and if applicable why you were unemployed for a period in excess of one month.

Additional Information

Other Qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Skills Equipment Operated)

___ Word Processing (wpm ___)	State any additional information you feel may be helpful to us in considering your application
___ MS Office	_____
___ Word	_____
___ Excel	_____
___ Access	_____
___ Power Point	_____
Should you be employed, do you plan to engage in any business or other employment while employed with Grand Valley? Please explain.	

License and Certification Information

List all applicable licenses or certifications that you have and their expiration dates below:

_____	_____	____/____/____	____/____/____
License/Certification	State Issued In	Date Issued	Exp. Date
_____	_____	____/____/____	____/____/____
License/Certification	State Issued In	Date Issued	Exp. Date
_____	_____	____/____/____	____/____/____
License/Certification	State Issued In	Date Issued	Exp. Date

Professional Work References (Do not include friends and/or family members)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Applicant's Statement

Please read the following statement carefully before signing to indicate your understanding:

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize Grand Valley Health Corporation on behalf of itself and its subsidiaries and affiliates, to investigate and confirm all information supplied. I also authorize any individual or organization named on this application to supply Grand Valley Health Corporation and its subsidiaries and affiliates with information about me as well as release them from all liability for doing so.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant

Date

FOR EMPLOYER USE ONLY

Interviewed By: _____ Date: ____/____/____ Hired _____ Yes No

Starting Date: ____/____/____ Position: _____ Wage: _____