



APPLICATION FOR EMPLOYMENT

Family Health Care of Siouxland, PLC, is an equal opportunity employer and affords equal opportunity to otherwise qualified applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital status, disability, veteran status or any other status protected under local, state or federal laws.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

(PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application	
Last Name		First Name	Middle Initial
Address		City	State Zip Code
Telephone Number		Alternate Number	
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? (*Proof of eligibility will be required upon offer of employment*) YES NO

Do you have a high school diploma or equivalent? YES NO

Are you over the age of 18 years? YES NO

(If no, you may be required to provide authorization)

Can you perform the essential functions of this job, with or without reasonable accommodation? (*If you have any questions about the functions of the job, please ask the interviewer before answering this question.*) YES NO

Have you ever applied to FHC before? (*If yes, please give date.*) _____ YES NO

Have you ever worked for FHC before? (*If yes, please give date.*) _____ YES NO

Have you ever been convicted of a felony? (*A conviction will not necessarily disqualify you.*) YES NO

If yes, please explain: _____

Do you have a valid driver's license? (*For driving positions only.*) YES NO

Have you been convicted of any moving violations in the past five years? (*For driving positions only.*) YES NO

If yes, please explain: _____

Is anyone related to you employed by FHC? YES NO

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES NO

If yes, please explain. _____

Are you currently employed? YES NO

May we contact your present employer for references? YES NO

If yes name and phone number: _____

Do you have a valid bank account for payroll direct deposit? YES NO

On what date would you be available for work? _____

Are you available to work:

- Full-time 35 or more hours/week
- Part-time 24 or more, but less than 35 hours/week----(please indicate Mornings, Afternoon, Evenings)
- On-call Less than 24 hours/week----(please indicate Mornings, Afternoon, Evenings)

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
High School				
College/University				
Graduate School				
Vocational School				

Please list any academic honors, scholarships, offices held, professional, trade, business or civic activities, etc. applicable to the position. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, or skills (summarize special job-related skills/qualifications).

Have you received any job-related training in the United States Military? YES NO

Please give dates and explanation:

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State - License Number _____

License Expiration Date _____

Other Professional Memberships _____

Check if you can operate or do any of the following (Use margin to explain a skill not listed.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Personal Computer | <input type="checkbox"/> CRT (Cathode Ray Terminal) |
| <input type="checkbox"/> Shorthand _____ net wpm | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Other (List) |
| <input type="checkbox"/> Transcriber | _____ | _____ |
| <input type="checkbox"/> Typewriter (Electric) _____ net wpm | _____ | _____ |

EMPLOYMENT HISTORY

(Begin with current or most recent employer. Do not exclude any employment. Include any gap in employment and applicable temporary employment. Attach another sheet if necessary.)

Job Title: _____ Company Name:	Employment Dates: From: _____ To: _____	Name and Title of Supervisor
Address:	Phone:	
Describe your duties:	Reason for leaving and explanation:	
Job Title: _____ Company Name:	Employment Dates: From: _____ To: _____	Name and Title of Supervisor
Address:	Phone:	
Describe your duties:	Reason for leaving and explanation:	
Job Title: _____ Company Name:	Employment Dates: From: _____ To: _____	Name and Title of Supervisor
Address:	Phone:	
Describe your duties:	Reason for leaving and explanation:	
Job Title: _____ Company Name:	Employment Dates: From: _____ To: _____	Name and Title of Supervisor
Address:	Phone:	
Describe your duties:	Reason for leaving and explanation:	

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES

(Please list three persons, not related to you and/or not a previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Family Health Care of Siouxland (hereinafter referred to as "FHC") that such employment with FHC is at will, for no specified duration and may be terminated by either FHC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of FHC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of FHC except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of FHC.

In consideration for employment with FHC, if employed, I agree to conform to the rules, regulations, policies and procedures of FHC at all times and understand that such obedience is a condition of employment. I understand that due to the nature of FHC business, attendance and punctuality are considered essential requirements of every job at FHC and that poor attendance or tardiness will result in disciplinary action.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to FHC and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____

Date _____

Name and number of person completing this form if other than applicant: _____

FHC IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.