

Anderson Valley Health Center
An Equal Opportunity Employer

Employment Application

Please Print

Date _____

Name _____

– Last First Middle

Business Telephone () Home Telephone () _____

Social Security No. _____ E-mail address _____

Mailing Address _____

No. Street City State Zip

Permanent Address if different from present address

No. Street City State Zip

Employment Desired

Position applying for _____

Are you applying for

Regular full-time work? Yes _____ No _____

Regular part-time work? Yes _____ No _____

Temporary work e.g. summer or holiday work? Yes _____ No _____

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____

Are you available to work overtime, if necessary? Yes _____ No _____

If hired, on what date can you start work? _____

Salary desired? _____

Personal Information

Have you ever applied or worked for AVHC before? Yes ____ No ____

Do you have any friends or relatives working for AVHC? Yes ____ No ____

If yes, state name(s) and relationship _____

Why are you applying for work at Anderson Valley Health Center? _____

If hired, would you have a reliable means of transportation to and from work? Yes ____ No ____

Are you at least 18 years old? Yes ____ No ____
(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes ____ No ____

Are you able to perform the essential functions of the job for which you are applying? Yes ____ No ____
If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measure that may be necessary for eligible applicants/employees to perform essential functions).

Are you able to perform all other duties of the job for which you are applying? Yes ____ No ____

If no, describe the functions that cannot be performed. _____

(Note: Hire may be subject to passing a medical examination, and to skill and agility tests).

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana related offenses that are more than two years old need not be listed.) Yes ____ No ____

If yes, state nature of crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered)

Are you currently employed? Yes ____ No ____

May we contact your current employer? Yes ____ No ____

Education, Training and Experience

School	Name and Address	No of Years Completed	Did you Graduate	Degrees or Diploma
High School				
College/University				
Vocational/Business				
Health Care				

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?
 Yes____ No____

If yes, which language(s)? _____

Do you have any other experiences, training qualifications or skills which you feel makes you especially suited for work at Anderson Valley Health Center? If so, please explain.

Answer the following questions if you are applying for a professional position.

Are you licensed/certified for the job applied for? Yes____ No____

Name of license/certification _____

Issuing state _____

License/Certification number _____

Has your License/Certification ever been revoked or suspended? Yes____ No____

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

Name of Employer _____

Address _____

Type of Business _____

Telephone No. () _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To: _____

Reason for Leaving: _____

Name of Employer _____

Address _____

Type of Business _____

Telephone No. () _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To: _____

Reason for Leaving: _____

Name of Employer _____

Address _____

Type of Business _____

Telephone No. () _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To: _____

Reason for Leaving: _____

Please specify if you do not wish for us to contact an employer listed above: _____

Use additional pages if necessary)

Military Service

Have you obtained any special skills or abilities as the result of services in the military? Yes____ No____
If so, describe:

References

List below three persons not related to you who have knowledge of your work performance.

Name_____

Occupation_____

Telephone No._____ Number of Years Acquainted _____

Name_____

Occupation_____

Telephone No._____ Number of Years Acquainted _____

Name_____

Occupation_____

Telephone No._____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chance for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery. **Initials** _____

I hereby authorize the AVHC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the AVHC any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release AVHC, my former employer and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. **Initials** _____

I hereby agree to submit to binding arbitration all disputes and claims arising out to the submission of this application. I further agree, in the event that I am hired by AVHC, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with AVHC, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and, there are no other agreements as to dispute resolution, either oral or written. **Initials** _____

I understand that nothing contained in the applications, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and AVHC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or AVHC, and that no promises or representations contrary to the foregoing are binding on AVHC unless made in writing and signed by me and AVHC'S designated representative **Initials** _____

Date

Applicants Signature