

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

- All applicants for employment with the Clinic will be considered without discrimination based on race, color, religion, age, sex, national origin, disability, veteran or military status, or any other status protected from discrimination by local, state or federal law.
- Please complete all areas of the employment application in full. Please print or type, except those areas that require a signature.
- If you require any special or reasonable accommodations during the employment process, please notify the Human Resources department immediately.
- All information provided will be held in strict confidence. Employment applications will remain active for six months and kept on file for twelve months. If you have not been contacted by us at the conclusion of six months, and still wish to be considered for employment, it may be necessary for you to complete a new application.

PERSONAL DATA

			Date
Last Name	First	Middle Initial	Home Telephone Number
Mailing Address			Cell Number
City	State	Zip	Social Security Number
Position Desired	Hourly Rate Desired		Date Available
Are you applying for: _____ Full Time _____ Part Time _____ Temporary		Email Address:	
How did you learn of this position?			
Do you know anyone that works at the Clinic? _____ Yes _____ No		If yes, indicate name, relationship and department.	
Are you over 18 years of age?		Are you a citizen of the United States or do you have a valid work permit? (Federal law requires proof of identity and employment eligibility for all new employees.) _____ Yes _____ No	
Have you ever been terminated from employment or asked to resign by an employer?		If yes, please explain	
Have you ever been convicted of a criminal offense? (A conviction does not necessarily disqualify an applicant.) _____ Yes _____ No		If yes, please explain	

EDUCATION

Type	Name and Location	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
College					
High School					
Other (military, vocational, business)					

EMPLOYMENT

Include your last three positions (or your last ten (10) years of employment history), including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

Name of current/most recent employer 1.		Telephone Number
Address		Dates Employed From _____ To _____ Month Year Month Year
Supervisor's name and title		
Job Title		Reason for leaving
List all jobs held, duties and activities performed. Provide skills learned and /or used, and any promotions or advancements.		Rate of Pay Start _____ End _____
May we contact your current employer? _____ Yes _____ No		
Name of second most recent employer 2.		Telephone Number
Address		Dates Employed From _____ To _____ Month Year Month Year
Supervisor's name and title		
Job Title		Reason for leaving
List all jobs held, duties and activities performed. Provide skills learned and /or used, and any promotions or advancements.		Rate of Pay Start _____ End _____
Name of third most recent employer 3.		Telephone Number
Address		Dates Employed From _____ To _____ Month Year Month Year
Supervisor's name and title		
Job Title		Reason for leaving
List all jobs held, duties and activities performed. Provide skills learned and /or used, and any promotions or advancements.		Rate of Pay Start _____ End _____
Name of fourth most recent employer 4.		Telephone Number
Address		Dates Employed From _____ To _____ Month Year Month Year
Supervisor's name and title		
Job Title		Reason for leaving
List all jobs held, duties and activities performed. Provide skills learned and /or used, and any promotions or advancements.		Rate of Pay Start _____ End _____

PLEASE READ CAREFULLY AND SIGN

It is the policy of the Lander Medical Clinic to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability, or veteran status. This application will be given every consideration, but its receipt does not imply that there are any open positions or that the applicant will be interviewed or employed. Only applications meeting the minimum requirements for a positions as determined by the Clinic will be considered for employment. Should more than one qualified person make application, the Clinic reserves the right to select the applicant that in its opinion possesses the best qualifications.

I understand and agree that any offer or invitation of employment with the Clinic may be contingent upon satisfactory completion of required drug and alcohol testing and a security or background investigation. I further understand that a positive drug or alcohol test result, or unsatisfactory security investigation, will prohibit and/or cancel any offer of employment previously made by any representative of the Clinic.

I understand and agree that, if hired, my employment with the Clinic is for no definite period of time. Either the Clinic or myself may terminate the at-will employment relationship at any time, with or without notice, for any reason not expressly prohibited by law. I further understand that this employment application does not constitute an employment contract.

I understand that a credit report and/or an investigative consumer report may be obtained through a credit reporting service, and/or personal interviews with my neighbors, friends or associates, and authorize the Clinic to obtain this information. If I am refused employment on the basis of such a report, upon written request from me within a reasonable time, I have the right to detailed information regarding the nature and scope of the investigation.

I authorize investigation of all statements contained in the application and hereby authorize employers, schools, or other persons named in this employment application to release truthful information to the Clinic regarding my employment, education, character, and/or qualifications. I hereby release and hold such entities or persons harmless from claims for releasing any truthful information within their knowledge and/or records. I further authorize the Clinic to release to entities, persons or organizations with which I may seek employment, any truthful information concerning my work experience with the Clinic. I release and hold the Clinic harmless from claims for releasing any truthful information within their knowledge and/ or records.

My signature below certifies that all information provided in this application is correct and complete to the best of my knowledge and belief. I understand that intentionally falsifying information may result in refusal of employment or termination of employment with the Clinic if discovered.

Signature of Applicant

Date

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined by the Clinic, reflect adversely on the Clinic.

If employed, I agree to maintain confidentiality regarding any information concerning the Clinic that may come to my knowledge. Further, I agree to comply with all of the policies and regulations of the Clinic as set forth in the Clinic's employee handbook or other communications distributed to all employees.

I understand that if employment is offered to me, either verbally or in writing, such offer does not constitute a contract of employment. I understand that if I am employed by the Clinic my employment will be for no definite period of time and that my employment can be terminated at any time and for any reason, with or without cause and without prior notice, at the option of either the Clinic or myself. I also understand that this status can only be altered by a written contract of employment, specific to all material terms, that is signed by an authorized officer of the Clinic.

Signature of Applicant

Date