

A Federally Qualified Health Center



Accredited by the Joint Commission for the Accreditation of Healthcare Organizations

Park West Health System, Inc.

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex religion, national origin or other protected classification.

Name _____ Date _____

Address _____
Street City State Zip code

Are you over 18 years old? Yes No Telephone number _____

Social Security Number _____

How did you learn of this opening? _____

Have you worked here before? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Shift preferred _____ Part-time _____ Full-time _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No
(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions.

Education	Name & Location of School	Year Graduate	Major	Diploma/ Degree
High School				
College/University				
College/University				
Other Training/Education				

In addition to your work history (reverse side), what other experience, skills or qualifications would especially fit you for work with our company?

Positions Applied for 1. _____ 2. _____

WORK HISTORY

May we contact your previous employers? YES _____ No _____

Most recent Employer			Address	Telephone
Date Started:	Starting Salary: \$	Per	Starting Position	
Date Left:	Salary on Leaving \$	Per	Position Leaving	
Name and Title Supervisor				
Description of Duties			Reason for Leaving	
_____			_____	
_____			_____	
Most recent Employer			Address	Telephone
Date Started:	Starting Salary: \$	Per	Starting Position	
Date Left:	Salary on Leaving \$	Per	Position Leaving	
Name and Title Supervisor				
Description of Duties			Reason for Leaving	
_____			_____	
_____			_____	
Most recent Employer			Address	Telephone
Date Started:	Starting Salary: \$	Per	Starting Position	
Date Left:	Salary on Leaving \$	Per	Position Leaving	
Name and Title Supervisor				
Description of Duties			Reason for Leaving	
_____			_____	
_____			_____	
Most recent Employer			Address	Telephone
Date Started:	Starting Salary: \$	Per	Starting Position	
Date Left:	Salary on Leaving \$	Per	Position Leaving	
Name and Title Supervisor				
Description of Duties			Reason for Leaving	
_____			_____	
_____			_____	

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_____		_____	
_____		_____	

May we contact your previous employers? Yes _____ No _____ If "No", please indicate by number which one(s) you do not wish us to contact _____

References (excluding relatives)

Name	Address	Telephone Number
1.		
2.		
3.		

Do you have any friends or relatives currently working for us? Yes _____ No _____. If "Yes", please list their names:

Is your physical or mental health such that it may impair your ability to practice with the scope of privileges for which you have applied? Yes No

APPLICATION'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I understand that employment at this Company is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president has any authority to alter the foregoing.

Date _____ Applicant's Signature _____