Five-Town Health Alliance Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name:	Date:
	red:
Address:	
Type of employment desired:	
	FimePart-TimeTemporary
Date you will be available to start work:	
Are you able to meet the attendance requ	
Do you have any objection to working over	
Can you travel if required by this position?	
Have you ever been previously employed by	
Can you submit proof of legal employment a	•
If you are under 18, can you furnish a work	k permit if it is required?YesNo
	ntialjob duty):
How were you referred to us?	
Employment History	
Please provide all employment information	n for your past four employers starting with the most recent.
Employer:	Position held:
	Telephone #:
	to
Reason for leaving:	
Employer:	Position held:
	Telephone #:
Dates employed: from	to
	Position held:
	Telephone #:
mmediate supervisor and title:	
	to
Reason for leaving:	
reason for leaving.	
	Position held:
	Telephone #:
mmediate supervisor and title:	
	to
Job summary:	

Reason for leaving: _

Other Skills and Qualifications Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:		
Educational History		
List school name and location, years completed High school:		
College:		
Technical Training:	-	
Other:		
References		
	e numbers, and years known (do not include relatives or employers)	
application from all previous employers, education	ct, obtain, and verify the accuracy of information contained in this al institutions, and references. I also hereby release from liability the ing, gathering, and using such information to make employment providing such information.	
	al omission made by me on this application will be sufficient cause for nation of employment if I am employed, whenever it may be	
constitute an agreement or contract for employme	pecified length of employment and that this application does not nt. Accordingly, either I or the employer can terminate the relationship is there is no violation of applicable federal or state law.	
· · · · · · · · · · · · · · · · · · ·	not to refuse to hire or otherwise discriminate against a qualified need for a reasonable accommodation as required by the Americans	
	quired to provide satisfactory proof of identity and legal work ure to submit such proof within the required time shall result in	
I represent and warrant that I have read and f these conditions.	ully understand the foregoing, and that I seek employment under	
Applicant signature:	Date:	