



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Position Applied for:		Date of Application:	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend: _____	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Name of relatives working at Valley Health Team: _____		
Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip Code:
Telephone Number(s):		Social Security Number: (last 4 digits)	
Email:	XXX	XX	

Are you over 18 years old? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you ever been employed with us before? Yes No

If yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you authorized to work in the United States? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

Do you have a high school degree or a G.E.D. equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed any undergraduate college or university education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What school(s) or institution(s) did you attend?	
What areas of study? If you completed a degree, what degree(s) have you earned?	
Have you completed any graduate or professional education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What school(s) or institution(s) did you attend?	
What areas of study? If you completed a degree, what degree(s) have you earned?	

Describe any specialized training, apprenticeship, skills, and extracurricular activities:
Describe any honors you have received:
State any additional information you feel may be helpful to us in considering your application:

Indicate any foreign language you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.</i></p>
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Have you had any job-related training in the United States Military?

Yes No

If yes, please describe: _____

Are you physically or otherwise unable to perform the job duties of the position for which you are applying either with or without accommodation?

Yes No

REFERENCES

Give name, address and telephone number of three professional references who are not related to you.

1.

2.

3.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experience:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *You may exclude from volunteer activities any organizations that indicate race, color, religion, gender, national origin, disability or other protected status.*

Employer:	Dates Employed:	From:	To:	
Address:	Work Performed:			
Telephone Number(s):				
Job Title:				Supervisor:
Reason for Leaving:				
Employer:	Dates Employed:	From:	To:	
Address:	Work Performed:			
Telephone Number(s):				
Job Title:				Supervisor:
Reason for Leaving:				
Employer:	Dates Employed:	From:	To:	
Address:	Work Performed:			
Telephone Number(s):				
Job Title:				Supervisor:
Reason for Leaving:				
Employer:	Dates Employed:	From:	To:	
Address:	Work Performed:			
Telephone Number(s):				
Job Title:				Supervisor:
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that "at-will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the Company specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or withdrawal of an offer of employment. I also understand that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

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Arrange Interview: Yes No

Interviewer:

Date:

Remarks:

Application reviewed by:

Name:

Title:

Date:

Notes:

Valley Health Team, Inc. is an equal opportunity employer

VOLUNTARY SURVEY

Employees are hired, evaluated and otherwise treated during employment without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, marital or veteran status, medical condition, or disability or any other legally protected status

As an employer with an Affirmative Action Program, we comply with government regulations including Affirmative Action responsibilities where they apply. Governmental agencies at times require periodic reports on the sex, ethnicity, disability, veteran, or other protected status of employees. Submission of this information is voluntary.

The purpose for this Data Record is for statistical analysis with respect to the success of the Affirmative Action program and to comply with Government record keeping, reporting and other legal requirements. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and **are not** a part of your application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name:		
Address:		
City:	State:	Zip:
Social Security No.		

Complete Only The Sections Below That You Can Comfortably Answer

Current Job:		
Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	
Check one of the following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other
Check if any of the following are applicable:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Person with Disabilities

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Position(s) Applied For Are Open: Yes No

Position(s) Considered For: _____

Date: _____

NOTES: