



Employment Application

Date: _____

APPLICANT INFORMATION

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____ Email: _____

Position Applied for: _____ Date Available: _____

Are you legally authorized to work in the U.S.? Yes No

How did you hear about the Health Alliance for the Uninsured? _____

How did you hear about the position for which you are applying? _____

Have you been convicted of a crime in the past ten years? Yes No

If yes, explain: _____

Have you been convicted of any disorderly offenses in the past five years? Yes No

If yes, explain: _____

What is your salary requirement? _____

EDUCATION & LICENSES

High School: _____ City/State: _____

Number of Years Completed: _____ Diploma: Yes No G.E.D.: Yes No

College: _____ City/State: _____

Number of Years Completed: _____ Diploma: Yes No Degree: _____

College: _____ City/State: _____

Number of Years Completed: _____ Diploma: Yes No Degree: _____

Vocational Training or School: _____ City/State: _____

Number of Years Completed: _____ Degree or Certificate Earned: _____

Licenses

License: _____ Date: _____

License: _____ Date: _____

License: _____ Date: _____

EMPLOYMENT HISTORY

List the last three employers, starting with the most recent one first

Present or Last Company: _____

Address: _____ Phone: _____

Job Title: _____ From Mo/Yr _____ To Mo/Yr _____

Duties/Responsibilities: _____

Supervisor: _____ Title and Department of Supervisor: _____

Phone Number of Supervisor: _____ May We Contact Your Supervisor? _____

Reason for Leaving: _____ Hourly Rate/Salary: _____

Company: _____

Address: _____ Phone: _____

Job Title: _____ From Mo/Yr _____ To Mo/Yr _____

Duties/Responsibilities: _____

Supervisor: _____ Title and Department of Supervisor: _____

Phone Number of Supervisor: _____ May We Contact Your Supervisor? _____

Reason for Leaving: _____ Hourly Rate/Salary: _____

Company: _____

Address: _____ Phone: _____

Job Title: _____ From Mo/Yr _____ To Mo/Yr _____

Duties/Responsibilities: _____

Supervisor: _____ Title and Department of Supervisor: _____

Phone Number of Supervisor: _____ May We Contact Your Supervisor? _____

Reason for Leaving: _____ Hourly Rate/Salary: _____

REFERENCES

List three personal references who are not related to you and who have a definite knowledge of your qualifications and character. Please include at least two previous employers.

Name/Organization: _____ Relationship: _____

Email: _____ Phone: _____

Name/Organization: _____ Relationship: _____

Email: _____ Phone: _____

Name/Organization: _____ Relationship: _____

Email: _____ Phone: _____

ESSAY SECTION

Why would you like to work with the Health Alliance for the Uninsured?

Please feel free to add any additional comments.

STATEMENT AND SIGNATURE

I certify that all information provided on this application, during the interview, and any other material provided by me is true and complete. I agree that falsified information, misrepresentations or omissions during the interview, on this application, any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize the Health Alliance for the Uninsured to investigate and/or verify all information in this application, including contacting all persons, schools, current employer, previous employers and individuals or entities names herein (and those named on accompanying resume, in any). I authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. I hereby release the Health Alliance for the Uninsured, my former employers and all other references, and all other parties from any and all liability which may arise from the release of such information.

I understand that the Health Alliance for the Uninsured does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age or disability.

I understand and agree that any offer of employment that I may receive is contingent upon successfully passing the criminal background check and pre-employment drug testing. The Health Alliance for the Uninsured may refuse employment or terminate conditional employment if any criminal background or drug testing information is unfavorable or could reflect adversely on the school.

I understand that if hired, my employment will be on an at-will basis for an indefinite period of time and that either party is able to end the employment relationship at any time with or without cause.

My signature below indicates that I have carefully read and understand the above statements.

Signature: _____

Date: _____