



Hot Springs Health Program Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____

Referral Source _____ Advertisement _____ Employee _____ Relative _____ Government Employment Agency _____
Walk-In _____ Private Employment Agency _____ Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone# _____ Mobile/Beeper/Other# _____ Social Security# _____

If necessary, best time to call you at home is _____

May we contact you at work? _____ Yes ___ No

If yes, work number and best time to call _____

If you are under 18 and it is required, can you furnish a work permit? _____ Yes ___ No

If no, please explain _____

Have you submitted an application here before? _____ Yes ___ No

If yes, give date(s) _____ From _____ To _____

Are you legally eligible for employment in this country? _____ Yes ___ No

Date available for work _____

Type of employment desired _____ Full-Time _____ Part-Time _____ Temporary _____ Seasonal _____ Educational Co-Op

Will you relocate if job requires it? _____ Yes ___ No Will you travel if job requires it? _____ Yes ___ No

Are you able to meet the attendance requirements of the position? _____ Yes ___ No

Will you work overtime if required? _____ Yes ___ No

If no, please explain _____

Have you ever been bonded? _____ Yes ___ No

Have you ever been convicted of a crime in the last seven (7) years? _____ Yes ___ No

If yes, please explain _____

CONVICITON WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE & EXPLANATION WILL BE CONSIDERED TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
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IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position you are applying for.

Educational Background

IF JOB-RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree of diploma earned, if any. D. Grade Point Average or Class Rank. E. Major Field of study. F. Minor Field of study (if applicable).

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

NAME	TELEPHONE	YEARS KNOWN

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY, OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/nation origin of individual applicants on the basis of visual observation or surname.

I do not wish to furnish this information

ETHNICITY

Not Hispanic or Latino

Hispanic or Latino

RACE

American Indian or Alaska Native

Asian

White

Black or African American

Native Hawaiian or Other Pacific Islander

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date ____/____/____

Next Steps: Save your completed application and email it to employment@hotspringshealth-nc.org.



Hot Springs Health Program
