

Pre-Employment Application

HealthCareClinics is an equal opportunity employer and will consider all applicants for all positions without regard to race, sex, color, religion, nationality, veteran status or any disability as provided in the American for Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no actions can be taken on this application until all questions have been answered.

PERSONAL INFORMATION

DATE ___/___/___

Name _____ Home Telephone # (____) ____-____

Address _____ Apt # ____ City _____ State ____ Zip _____

Work Telephone # (____) ____-____ Mobile Telephone # (____) ____-____

Are you over 18 years of age? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? Yes No

Have you ever been convicted of any crime, including DWI (excluding minor traffic violations)? Yes No

If yes, state the offense, location and disposition (A conviction will not necessarily disqualify you from employment)

Do you have the ability, with or without reasonable accommodations to work overtime or to travel if and/or overtime are required for the job for which you are applying? Yes No

If NO, please explain: _____

Would you be willing to relocate? Yes No

Driver's License: State ____ Type _____ Valid Yes No

EMPLOYMENT DESIRED

Are you seeking Full Time Part Time Temporary/Seasonal

Position applied for _____ Date available to start ___/___/___

Have you ever applied HealthCareClinics before? Yes No When ___/___/___

Have you ever worked for HealthCareClinics before? Yes No When ___/___/___

How did you learn of HealthCareClinics and/or the position available _____

Are you now or do you expect to be working in any other job simultaneously? Yes No

Are there days/hours that you would be unwilling to work? Yes No

If you answered YES to the above question, please describe _____

MILITARY

Have you ever served in the military? Yes No Service Branch _____

Date Entered ___/___/___ Date Separated ___/___/___ Final Rank _____

WORK HISTORY

List the names of employers in consecutive order with the present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name and supply business references.

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME

Employer _____ Tel (____) ____ - ____
Address _____ City _____ State ____ Zip _____
Supervisor's Name _____ Title _____
Dates Employed: From ____/____/____ to ____/____/____ Pay: Start \$ _____ to \$ _____
Job Title _____ Reason for Leaving _____
Duties _____

Employer _____ Tel (____) ____ - ____
Address _____ City _____ State ____ Zip _____
Supervisor's Name _____ Title _____
Dates Employed: From ____/____/____ to ____/____/____ Pay: Start \$ _____ to \$ _____
Job Title _____ Reason for Leaving _____
Duties _____

Employer _____ Tel (____) ____ - ____
Address _____ City _____ State ____ Zip _____
Supervisor's Name _____ Title _____
Dates Employed: From ____/____/____ to ____/____/____ Pay: Start \$ _____ to \$ _____
Job Title _____ Reason for Leaving _____
Duties _____

Employer _____ Tel (____) ____ - ____
Address _____ City _____ State ____ Zip _____
Supervisor's Name _____ Title _____
Dates Employed: From ____/____/____ to ____/____/____ Pay: Start \$ _____ to \$ _____
Job Title _____ Reason for Leaving _____
Duties _____

Please use back of sheet if additional space is needed

EDUCATION

High School _____ Attended From ___/___/___ to ___/___/___
Address _____ City _____ State _____ Zip _____
Graduated Yes No Diploma/Degree _____

College _____ Attended From ___/___/___ to ___/___/___
Address _____ City _____ State _____ Zip _____
Graduated Yes No Diploma/Degree _____

Trade School _____ Attended From ___/___/___ to ___/___/___
Address _____ City _____ State _____ Zip _____
Graduated Yes No Diploma/Degree _____

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If YES, when, where and what courses? _____

List any scholastic honors, office held and activities involved in during high school and/or college _____

List and describe any other schooling and/or specialized training _____

CAPABILITIES/RELIABILITY

Would you be willing and able to perform all the tasks required by the job for which you are applying?
 Yes No If NO, please explain _____

Have you ever filed a fraudulent claim against any of your past or present employers? Yes No
If YES , please explain _____

Would you abide by the safety rules of HealthCareClinics? Yes No

Have you ever been disciplines for violating the safety rules or regulations of a company? Yes No
If YES, please explain _____

How many days of work have you missed in the last 2 years? _____

Would you be willing and able to report on time every day on a regular and consistent basis? Yes No
If NO, please explain _____

EMPLOYMENT INFORMATION

Do you have any relatives who are currently employed at HealthCareClinics? Yes No
If YES, give the name(s) of the person(s) _____

Do you have any relatives previously employed at HealthCareClinics? Yes No
If YES, please give the name(s) of the person(s) _____

Do you know anyone currently employed at HealthCareClinics? Yes No
If YES, please give the name(s) of the person(s) _____

Do you know anyone previously employed at HealthCareClinics? Yes No
If YES, please give the name(s) of the person(s) _____

Any falsification of the above will be grounds for termination.

Applicants Signature _____

Date ___/___/___