



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an equal opportunity employer.

(ENTIRE APPLICATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.)

TYPE OF EMPLOYMENT:

(Check all that apply to this position)

- Regular
Temporary
Part - Time
Summer

DATE

POSITION APPLYING FOR

Name _____ Social Security Number _____

Address _____
City State Zip Code

Phone Number _____

I am under 18 years old I am over 18 years old

Have you ever pled guilty or no contest to or been convicted of a crime? Yes No

If yes, explain _____
(Such record may be relevant if job-related, but does not bar you from employment)

Have you ever filed an application with us before? Yes No If yes, please give date _____

Have you ever worked for a Community Health Center in Alabama? Yes No
If yes, please give name(s) of Center(s) _____

Have you ever been employed with us before? Yes No If yes, please give dates _____

Do you have friends or relatives currently working with us? Yes No
If yes, please give name and relationship _____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Are you a Citizen of the U.S. or a registered alien authorized to work in the U.S.? Yes No

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

Can you travel if the job requires it? Yes No

On what date would you be available for work? _____

What is your desired annual salary range? (please do not list negotiable) \$ _____

EDUCATION AND TRAINING

Type of School	Name of School / City & State	Did you Graduate?	Course or Degree
High School			
College			
College			
Vocational			
Other			

Specialized Skills: *(Summarize special job-related skills and qualifications acquired from employment or other experience)*

Other Qualifications:

REFERENCES *(List three references who are not relatives)*

<p>_____</p> <p style="text-align: center;">Name</p> <p>_____</p> <p style="text-align: center;">Address</p>	<p>() _____ - _____</p> <p style="text-align: center;">Telephone Number</p>
<p>_____</p> <p style="text-align: center;">Name</p> <p>_____</p> <p style="text-align: center;">Address</p>	<p>() _____ - _____</p> <p style="text-align: center;">Telephone Number</p>
<p>_____</p> <p style="text-align: center;">Name</p> <p>_____</p> <p style="text-align: center;">Address</p>	<p>() _____ - _____</p> <p style="text-align: center;">Telephone Number</p>

EMPLOYMENT RECORD (Begin with your present or most current employer)

Current or Last Employer _____ **Phone #** _____
Address _____ **City** _____ **State** _____
Job Title _____ **Duties & Responsibilities** _____
Name & Title of Supervisor _____ **Type of Business** _____
Date of Employment: From _____ **To** _____ **Reason for Leaving** _____

Current or Last Employer _____ **Phone #** _____
Address _____ **City** _____ **State** _____
Job Title _____ **Duties & Responsibilities** _____
Name & Title of Supervisor _____ **Type of Business** _____
Date of Employment: From _____ **To** _____ **Reason for Leaving** _____

Current or Last Employer _____ **Phone #** _____
Address _____ **City** _____ **State** _____
Job Title _____ **Duties & Responsibilities** _____
Name & Title of Supervisor _____ **Type of Business** _____
Date of Employment: From _____ **To** _____ **Reason for Leaving** _____

Current or Last Employer _____ **Phone #** _____
Address _____ **City** _____ **State** _____
Job Title _____ **Duties & Responsibilities** _____
Name & Title of Supervisor _____ **Type of Business** _____
Date of Employment: From _____ **To** _____ **Reason for Leaving** _____

CLINICAL AND/OR PROFESSIONAL LICENSE/CERTIFICATION

License Type: (MD, DO, LPC, LCSW, etc.) _____ License Number _____
Date Initially Licensed _____ Date of Current License: From _____ To _____
State License Issued _____
Does current license require supervision Yes <input type="checkbox"/> No <input type="checkbox"/> Name of current supervisor _____

License Type: (MD, DO, LPC, LCSW, etc.) _____ License Number _____
Date Initially Licensed _____ Date of Current License: From _____ To _____
State License Issued _____
Does current license require supervision Yes <input type="checkbox"/> No <input type="checkbox"/> Name of current supervisor _____

EMERGENCY CONTACT (Please list two contacts for emergency purposes)

NAME	TELEPHONE NUMBER	RELATIONSHIP (optional)
NAME	TELEPHONE NUMBER	RELATIONSHIP (optional)

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize 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, and shall be retained on file for one year from the date of application. 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 understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that any offer of employment is contingent upon my successful completion of a drug screening and criminal background check. Initial employment requires a three (3) month probationary period. During this time, job performance is evaluated and, if satisfactory, employment is continued indefinitely based on future annual evaluations. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by rules and regulations of the employer.

Signature

Date