

Please Print Clearly

# APPLICATION FOR EMPLOYMENT

Company Name Arkansas Verdigris Valley Health Center, Inc. Date \_\_\_\_\_

**Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.**

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information, pregnancy, citizenship status or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER WHERE ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. THIS APPLICATION DOES NOT CREATE ANY TYPE OF EXPRESS OR IMPLIED CONTRACT OTHERWISE.

Applicant Name \_\_\_\_\_ Position Applied For \_\_\_\_\_ (list only one)

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate/Cellular Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_

Street, Apartment, or Unit Number

\_\_\_\_\_ How long have you lived there \_\_\_\_/\_\_\_\_ Years/Months

City

State

Zip

Email Address (optional) \_\_\_\_\_ Are you 18 years of age or older? Yes  No

Type of employment desired? Full-time  Part-time  (Specify Hours) \_\_\_\_\_

Are you willing to work overtime? Yes  No  Date on which you can start work, if hired: \_\_\_\_\_

If hired, can you provide proof that you are legally eligible for employment in the U.S.? Yes  No

If not, what steps must be taken for you to begin employment lawfully? \_\_\_\_\_

Have you ever been convicted of a felony ? Yes  No

Have you ever been employed by this Company? Yes  No

If Yes, provide dates of employment, location and reason for separation from employment. \_\_\_\_\_

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Do you have any commitments to any other employer which could affect your employment with this Company if hired (for example, an employment agreement, a non-competition or non-solicitation agreement, etc.)? Yes  No

If yes, please explain:

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. **Do not answer "see résumé."**

Employer

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<b>Name</b>	<b>Address</b>	<b>Type of Business</b>
Telephone ( ____ ) _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why not? _____
Reason for Leaving? _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

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Employer

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<b>Name</b>	<b>Address</b>	<b>Type of Business</b>
Telephone ( ____ ) _____	Dates Employed From ____/____/____ To ____/____/____	
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Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why not? _____
Reason for Leaving? _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

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Have you ever been terminated or asked to resign from any job?  Yes  No If Yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement?  Yes  No If Yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated?  Yes  No If Yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Briefly describe your qualifications for this position and any special skills or experience you possess which will be of special benefit in the position for which you are applying: \_\_\_\_\_

List any professional or occupational registration, licensure or certification you currently hold which may be applicable to the position for which you are applying and/or indicate whether you have ever had any related professional registration, license, or certification suspended, revoked or terminated: \_\_\_\_\_

**REFERENCES [Optional]**

Please list the names of additional work-related references we may contact who have worked with you in the past. Individuals with no prior work experience may list school or volunteer-related references.

<b>NAME</b>	<b>POSITION</b>	<b>COMPANY</b>	<b>WORK RELATIONSHIP (i.e. supervisor, co-worker)</b>	<b>TELEPHONE/EMAIL</b>

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

<b>NAME</b>	<b>OCCUPATION</b>	<b>RELATIONSHIP</b>	<b>TELEPHONE</b>	<b>NUMBER OF YEARS KNOWN</b>

**APPLICANT CERTIFICATION**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that AVVHC is a drug-free workplace with a drug testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that a pre-employment (post-offer) drug screening will be performed and if a prohibited drug is positive, the employment offer will be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to AVVHC's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of illegal or controlled drugs. If employed, I understand that drug testing is a condition of continual employment and I agree to undergo drug testing consistent with AVVHC's policies and applicable federal, state, and local law.

If employed by AVVHC, I understand and agree that AVVHC, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of AVVHC property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. I understand that I have no expectation of privacy in AVVHC property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate, to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I authorize AVVHC and/or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking, to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. I certify that I have received a separate written notification that AVVHC may obtain consumer reports (for example, criminal history, driving records, etc.) on me for use in connection with my Application (where allowed by law) and, if I am hired, my employment, unless otherwise prohibited by state, local, or federal law.

**I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER (INCLUDING ANY AND ALL PRIOR EMPLOYERS OF MINE) TO FURNISH INFORMATION REGARDING MY PREVIOUS EMPLOYMENT HISTORY AND/OR ANY OF THE ABOVE-MENTIONED INFORMATION.** I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to AVVHC or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability AVVHC and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize AVVHC to provide truthful information concerning my employment to future employers and hold AVVHC harmless for providing such information.

If hired by AVVHC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by AVVHC. I also understand AVVHC employs only individuals who are legally eligible to work in the United States.

**This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.**

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.**

If selected for employment, are you willing to submit to a background check?      Yes      No  
If selected for employment, are you willing to submit to a pre-employment drug screening?      Yes      No  
**DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Background Investigation Release**

I \_\_\_\_\_ do hereby voluntarily, without duress, coercion, threats, promises of reward or immunity, give my consent for a complete background investigation to be conducted by Arkansas Verdigris Valley Health Centers, Inc., herein after referred to as AVVHC. I hereby authorize AVVHC to check all State, Federal, and local law enforcement agencies for any criminal record or convictions. I further agree to allow AVVHC to contact any previous employers to verify my job history and performance. I also give my consent for AVVHC to check all legal credit reporting agencies, workers' compensation records, driving record agencies, and any other agencies as necessary.

I hereby swear that all information that I submit to AVVHC is true and correct to the best of my knowledge and ability. I understand that any false information that I submit to AVVHC, written or verbal, during this investigation is grounds for non-hiring or termination if already employed. I also agree that all investigative information and materials obtained by AVVHC will be placed in my personnel file.

I do hereby hold harmless, **ARKANSAS VERDIGRIS VALLEY HEALTH CENTERS, INC.**, their agents, and employees, from any liability, monetary or otherwise, flowing from any aspect of this investigation.

**I understand that my Social Security number will be used to access the above information.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following information is needed for your complete background check.

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden

Date Of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
                    Month/Day/Year - **(DOB Required for Criminal Record Check)**

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Current Address:  
\_\_\_\_\_  
Number                                    Street                                    City                                    State                                    Zip

Previous Address:  
\_\_\_\_\_  
Number                                    Street                                    City                                    State                                    Zip