



**Community Health Centers of Greater Dayton**

**EMPLOYMENT APPLICATION**

<b>APPLICANT INFORMATION</b>										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date Available				Social Security No.				Desired Salary		
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
<b>EDUCATION</b>										
High School					Address					
			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College					Address					
			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Address					
			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
<b>REFERENCES</b>										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone	( )				
Address										
Full Name					Relationship					
Company					Phone	( )				
Address										
Full Name					Relationship					
Company					Phone	( )				
Address										

**PREVIOUS EMPLOYMENT**

Company					Phone	(      )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	(      )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	(      )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**MILITARY SERVICE**

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. The facts set forth above in my application for employment are true and correct. Falsification of any information on this application constitutes grounds for immediate termination of employment. I understand that employment depends on satisfactory replies from my references, a favorable report on my physical examination, and successful completion of a six-month introductory period. Misrepresentation of facts called for may be cause for dismissal. I authorize schools, references, my prior employers and physicians or other medical practitioners to provide my record, reason for leaving, and all other information they may have concerning me to Community Health Centers of Greater Dayton and I release all parties from any and all liability to claims for damage whatsoever that may result there from. In consideration of my employment, I agree to conform to the rules and regulations of Community Health Centers of Greater Dayton and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Community Health Centers of Greater Dayton or myself. I understand that no manager or representative has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this. Any agreement for employment for any specified period of time with the Chief Executive Officer or Administrator must be in writing and signed. I understand that my employment thereof is contingent upon positive results of a successful pre-placement physical, including drug screen analysis, criminal background checks and possible finger printing. The result of such analysis may be grounds for disqualifying me or terminating my employment.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_