

**ANETA PARKVIEW HEALTH CENTER
APPLICATION FOR EMPLOYMENT**

Federal and state laws prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability or handicap.

PERSONAL INFORMATION:

DATE: _____

NAME: _____
Last First Middle initial

APPLICATION'S STATEMENT:

I understand that any employment by this facility will be subject to a 90 day review period. If employed by Aneta Parkview Health Center, I agree to abide by its rules and regulations. The above information is completed and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize this facility to contact any and/or all of my references and employers for full information.

Applicant's Signature _____

PHYSICAL ADDRESS:

Street/Box No./RR City State Zip
MAILING ADDRESS:

Street/Box No./RR City State Zip

TELEPHONE: _____ SOCIAL SECURITY NO. _____
Area Code Number

ARE YOU AT LEAST 16 YEARS OF AGE? _____ YES _____ NO

PROFESSIONAL LICENSE NO. _____ TYPE _____

If not a U.S. Citizen, do you have the legal right to remain permanently and work in the U.S.?

Yes _____ NO _____ Alien Registration No. _____

Can you perform the job related functions for the jobs for which you are applying? _____

If not, how many we reasonably accommodate you to allow you to perform the job related functions? _____

EMPLOYMENT DESIRED:

Position applied for: _____

Shift you can work: Day _____ Evening _____ Nights _____ Any _____

Date you can start: _____
Month Day Year

Do you prefer: Full time _____ Part Time _____

Have you ever applied or worked for Aneta Parkview before? Yes _____ No _____

When: _____ Supervisor: _____

EDUCATION:

Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

Grade School High School College

Name of last school attended? _____

Degree attained _____ Vocational or trade training _____

REFERENCES: List below three persons not related to you.

Name	Address	City/State/Zip	Phone no.	In what capacity Do you know the person?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

FORMER EMPLOYERS: List below your work experience, started with your present or last place of employment.

	1	2	3
Began Employment	_____	_____	_____
Ended Employment	_____	_____	_____
Employer's Name	_____	_____	_____
Address/City/St/Zip	_____	_____	_____
Phone No.	_____	_____	_____
Supervisor's Name	_____	_____	_____
Position Held	_____	_____	_____
Reason for Leaving	_____	_____	_____