

AHCS

ADJACENT HEALTH CARE SERVICES

**EMPLOYMENT
APPLICATION**

Adjacent Health Care Services is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL

Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone # ()
Address			Business or Message # ()
Position Applied For	Referred By		Salary Desired
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s), job title(s) & location(s)		
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s), job title(s) & location(s)		
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s), job title(s) & location(s)		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, do you have a work permit?		

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EDUCATION

Circle Highest Grade Completed: High School 9 10 11 12
 1 2 3 4
 Graduate Studies _____

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			

Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

For Clerical Applicants Only:

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, WPM:
Computer Skills (Hardware/Software)
EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
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Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

GENERAL

YesNo

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a felony? (Misdemeanors may be explained below; a **yes** response **does not** automatically disqualify your application.)
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CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Adjacent Health Care Services to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date