

## Pre-Employment Application

HealthCareClinics is an equal opportunity employer and will consider all applicants for all positions without regard to race, sex, color, religion, nationality, veteran status or any disability as provided in the American for Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no actions can be taken on this application until all questions have been answered.

### PERSONAL INFORMATION

DATE \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Home Telephone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Work Telephone # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile Telephone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

Are you over 18 years of age?  Yes  No

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.?  Yes  No

Have you ever been convicted of any crime, including DWI (excluding minor traffic violations)?  Yes  No

If yes, state the offense, location and disposition (A conviction will not necessarily disqualify you from employment)

Do you have the ability, with or without reasonable accommodations to work overtime or to travel if and/or overtime are required for the job for which you are applying?  Yes  No

If NO, please explain: \_\_\_\_\_

Would you be willing to relocate?  Yes  No

Driver's License: State \_\_\_\_ Type \_\_\_\_\_ Valid  Yes  No

### EMPLOYMENT DESIRED

Are you seeking  Full Time  Part Time  Temporary/Seasonal

Position applied for \_\_\_\_\_ Date available to start \_\_\_/\_\_\_/\_\_\_

Have you ever applied HealthCareClinics before?  Yes  No When \_\_\_/\_\_\_/\_\_\_

Have you ever worked for HealthCareClinics before?  Yes  No When \_\_\_/\_\_\_/\_\_\_

How did you learn of HealthCareClinics and/or the position available \_\_\_\_\_

Are you now or do you expect to be working in any other job simultaneously?  Yes  No

Are there days/hours that you would be unwilling to work?  Yes  No

If you answered YES to the above question, please describe \_\_\_\_\_

### MILITARY

Have you ever served in the military?  Yes  No Service Branch \_\_\_\_\_

Date Entered \_\_\_/\_\_\_/\_\_\_ Date Separated \_\_\_/\_\_\_/\_\_\_ Final Rank \_\_\_\_\_

## WORK HISTORY

List the names of employers in consecutive order with the present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name and supply business references.

**PLEASE GIVE MONTH AND YEAR**

**DO NOT REFERENCE YOUR RESUME**

Employer _____	Tel (____) ____ - ____
Address _____ City _____	State ____ Zip _____
Supervisor's Name _____	Title _____
Dates Employed: From ____/____/____ to ____/____/____	Pay: Start \$ _____ to \$ _____
Job Title _____	Reason for Leaving _____
Duties _____	
_____	

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_____	

Please use back of sheet if additional space is needed

**EDUCATION**

**High School** \_\_\_\_\_ Attended From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Graduated  Yes  No Diploma/Degree \_\_\_\_\_

**College** \_\_\_\_\_ Attended From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Graduated  Yes  No Diploma/Degree \_\_\_\_\_

**Trade School** \_\_\_\_\_ Attended From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Graduated  Yes  No Diploma/Degree \_\_\_\_\_

If you did not graduate, why did you leave high school or college? \_\_\_\_\_

Are you planning to pursue further studies?  Yes  No If YES, when, where and what courses? \_\_\_\_\_  
\_\_\_\_\_

List any scholastic honors, office held and activities involved in during high school and/or college \_\_\_\_\_  
\_\_\_\_\_

List and describe any other schooling and/or specialized training \_\_\_\_\_

**CAPABILITIES/RELIABILITY**

Would you be willing and able to perform all the tasks required by the job for which you are applying?  
 Yes  No If NO, please explain \_\_\_\_\_

Have you ever filed a fraudulent claim against any of your past or present employers?  Yes  No  
If YES , please explain \_\_\_\_\_

Would you abide by the safety rules of HealthCareClinics?  Yes  No

Have you ever been disciplines for violating the safety rules or regulations of a company?  Yes  No  
If YES, please explain \_\_\_\_\_

How many days of work have you missed in the last 2 years? \_\_\_\_\_

Would you be willing and able to report on time every day on a regular and consistent basis?  Yes  No  
If NO, please explain \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Do you have any relatives who are currently employed at HealthCareClinics?  Yes  No  
If YES, give the name(s) of the person(s) \_\_\_\_\_

Do you have any relatives previously employed at HealthCareClinics?  Yes  No  
If YES, please give the name(s) of the person(s) \_\_\_\_\_

Do you know anyone currently employed at HealthCareClinics?  Yes  No  
If YES, please give the name(s) of the person(s) \_\_\_\_\_

Do you know anyone previously employed at HealthCareClinics?  Yes  No  
If YES, please give the name(s) of the person(s) \_\_\_\_\_

**Any falsification of the above will be grounds for termination.**

**Applicants Signature** \_\_\_\_\_

**Date** \_\_\_/\_\_\_/\_\_\_