

# ALLUVION HEALTH

## APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, gender, age, creed, disability, sexual orientation, national origin, marital or veteran status, or any other status protected by state, federal or local law. We are an Equal Opportunity Employer.

### PERSONAL (Please Print)

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone No. ( ) \_\_\_\_\_ Referred by: \_\_\_ Our Ad \_\_\_ Friend/Relative \_\_\_ Indeed Other: \_\_\_\_\_

Are you of legal age to work? \_\_\_ Yes \_\_\_ No *If NO, a work permit will be required.*

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No (If hired, verification will be required by law.)

Position(s) applying for: \_\_\_\_\_ Full Time \_\_\_ Part Time

Date you are available to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary or wage desired: \$ \_\_\_\_\_

Have you worked for us before? \_\_\_ Yes \_\_\_ No If YES, When: \_\_\_\_\_ Position: \_\_\_\_\_

Indicate special qualifications or skills: \_\_\_\_\_

Emergency Contact (Name & phone number): \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	City, ST	YRS COMPLETED	GRADUATE?
HIGH SCHOOL				
COLLEGE		MAJOR: DEGREE:		
OTHER				

Are you employed at the present time? \_\_\_ Yes \_\_\_ No If hired, will you work overtime if required? \_\_\_ Yes \_\_\_ No

Have you ever been charged with a criminal violation (felony or misdemeanor), including traffic and/or moving violations, resulting in a plea bargain, conviction on the original or lesser charge, or payment of a fine, suspended sentence, community service or other obligation (including participation in a treatment or diversion program, etc)? \_\_\_ Yes \_\_\_ No

If YES, list (use additional pages if necessary): \_\_\_\_\_

### MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

**Employment Experience** (List most recent employment first)

Employer:	Phone	From:	To:
Address:	City, State, Zip	Position/Title:	
Duties:		Supervisor's Name (May we contact this person?)	
Reason for leaving:		Starting Salary/Wages:	Final Salary/Wages:
Employer:	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name (May we contact this person?)	
Reason for leaving:		Starting Salary/Wages:	Final Salary/Wages:
Employer:	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name (May we contact this person?)	
Reason for leaving:		Starting Salary/Wages:	Final Salary/Wages:

**PERSONAL REFERENCES**

NAME	ADDRESS	TIME KNOWN	TELEPHONE

**PROFESSIONAL REFERENCES WE MAY CONTACT**

NAME	EMPLOYER	TELEPHONE

The above information is true and complete to the best of my knowledge. Should I be employed by Alluvion Health, any misrepresentation or false statement contained herein may be cause for immediate dismissal. Alluvion has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history, criminal history or credit standing. I release all parties from any possible damages resulting from disclosing such information. I reserve the right to know the names and addresses of any investigative agencies used in order to learn the information contained in any reports furnished. This Application for Employment form has been prepared in accordance with EEOC guidelines. I understand this application does not constitute an employment contract of any kind. Should I be employed by Alluvion, I may resign such employment at any time with or without prior notice.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_