



NEVADA HEALTH CENTERS, INC. APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Date: _____

Name: _____ Social Security #: _____
Last First Middle

Present Address: _____
No. Street City State Zip

Permanent Address: _____
(If different from above) No. Street City State Zip

Home Telephone: (____) _____ Business Telephone: (____) _____

Referral Source _____ Newspaper _____ Internet _____ Walk-In _____ Other _____

EMPLOYMENT DESIRED

Position for which you are applying: _____

Are you applying for:

Regular full-time work?.....Yes _____ No _____

Regular part-time work?.....Yes _____ No _____

Temporary/Casual work?Yes _____ No _____

What days and hours are you available for work? _____

If hired, on what date can you start work? _____ Salary Desired: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Nevada Health Centers, Inc.?.....Yes _____ No _____

If yes, when: _____

Do you have any friends or relatives working for Nevada Health Centers, Inc.?Yes _____ No _____

If yes, state name(s) and relationship(s) _____

If hired, would you have a reliable means of transportation to and from work?Yes _____ No _____

If under 18, can you, after employment provide a work permit?Yes _____ No _____

If hired, can you present evidence of your legal right to live and work in this country?Yes _____ No _____

PERSONAL INFORMATION (Continued)

Are you able to perform the essential functions of the job for which you are applying?Yes _____ No _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?Yes _____ No _____

(Note: No applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If yes, state the nature of the crime(s), when and where convicted and the disposition of the case(s). _____

Are you currently employed?Yes _____ No _____ If so, may we contact your current employer?.....Yes _____ No _____

EDUCATION, TRAINING AND EXPERIENCE

Elementary School Name: _____

Location: _____ Years Completed (please circle): 4 5 6 7 8

High School Name: _____

Location: _____ Years Completed (please circle): 9 10 11 12

College/Undergraduate School Name: _____

Location: _____ Years Completed (please circle): 1 2 3 4

Graduate/Professional School Name: _____

Location: _____ Years Completed (please circle): 1 2 3 4

Diploma/Degree: _____ Date Received: _____

Describe Course of Study: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any honors you have received: _____

Do you speak, write or understand any foreign languages?Yes _____ No _____ If yes, which language(s)? _____

Describe any experience, training, qualifications or skills which you feel make you especially suited for work at Nevada Health Centers, Inc.? _____

ANSWER THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR A PROFESSIONAL POSITION.

Are you licensed/certified for the job for which you are applying?Yes _____ No _____

Name of license/certification: _____ Issuing State: _____ License/Certification #: _____

Has your license/certification ever been revoked or suspended?Yes _____ No _____

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

EMPLOYMENT EXPERIENCE – Note: Attach additional page if necessary.

Start with your present or most recent job and list all employment for the last 10 years and explain all gaps in your employment, attaching additional sheets if necessary. (Do not substitute your resume for this information.) Include any job-related service assignments and volunteer activities. You may exclude volunteer organizations, which indicate race, color, religion, gender, national origin, disability, sexual orientation, or other protected status.

Explain any gaps in your employment history: _____

Employer	Dates Employed From To	Hourly Rate/Salary Starting Rate _____ Final Rate _____
Address	City State Zip	Telephone Number(s)
Job Title	Supervisor	Reason for Leaving (circle) Layoff Resignation Involuntary Termination Explain – If involuntary termination
Description of Duties:		

Employer	Dates Employed From To	Hourly Rate/Salary Starting Rate _____ Final Rate _____
Address	City State Zip	Telephone Number(s)
Job Title	Supervisor	Reason for Leaving (circle) Layoff Resignation Involuntary Termination Explain – If involuntary termination
Description of Duties:		

Employer	Dates Employed From To	Hourly Rate/Salary Starting Rate _____ Final Rate _____
Address	City State Zip	Telephone Number(s)
Job Title	Supervisor	Reason for Leaving (circle) Layoff Resignation Involuntary Termination Explain – If involuntary termination
Description of Duties:		

MILITARY SERVICE

Have you obtained any special skills or abilities as a result of your service in the military?Yes _____ No _____

If so, describe: _____

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____ Telephone: (____) _____ Number of years acquainted: _____

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____ Telephone: (____) _____ Number of years acquainted: _____

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____ Telephone: (____) _____ Number of years acquainted: _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Nevada Health Centers, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Nevada Health Centers, Inc. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Nevada Health Centers, Inc., my former employers and all other person, corporations, partnership and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between Nevada Health Centers, Inc. and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Nevada Health Centers, Inc., and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized representative of Nevada Health Centers, Inc..

This application will be considered active for a maximum of 30 days. If you wish to be considered for employment aft that time, you must reapply.

Date: _____

Signature of Applicant: _____