

Five Rivers Health Center

2261 Philadelphia Dr.

Suite 200

Dayton, OH 45406

APPLICATION FOR EMPLOYMENT

Discrimination against individuals because of race, color, creed, religion, national origin, ancestry, sex, age, citizenship, sexual orientation, disability, or military service is against Company Policy and is expressly prohibited by law.

PERSONAL INFORMATION

Name: Last First Middle

Present Address City State Zip

Permanent Address (if different from above) City State Zip

Social Security Number Telephone

Have you worked under any other name? ___ No ___ Yes (Required for verifying education, employment records and references). If yes, please provide the name (s) _____

Are you, or have you ever been, excluded from providing services under Medicaid, Medicare or any other federally funded program? _____ No _____ Yes

Have you ever been convicted of a felony? _____ No _____ Yes If yes, please explain: _____

A conviction record will not necessarily be a bar to employment. This information will be used for job-related purposes and only to the extent permitted by applicable law.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid drivers license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Employment Desired

Position _____ Full-Time Part-Time

Date you can start _____ Desired Salary/Hourly rate _____

Do you have any relatives who are presently employed by or on the board of Five Rivers Health Center ___ Yes _____ No

If yes, give name of relative and relationship: _____

How were you referred to Five Rivers Health Center? _____

Employer _____ Phone No. (____) _____
 Address _____ City _____ State _____ Zip _____
 Position (s) _____
 Dates of Employment: From: _____ To: _____ Full-time Part-time
 Immediate Supervisor (Name , Title) _____
 Reason for Leaving _____
 Ending Wage/Salary _____
 May we contact this employer for a reference? Yes _____ No _____ If no, why? _____

❧ PROFESSIONAL REFERENCES ❧

List individuals most familiar with your skills and qualifications. Do not list relatives or supervisors already identified on this application.

Name _____ Occupation _____
 Address _____ Years Known _____
 City _____ State _____ Zip _____ Business Address Home Address
 Telephone _____ Business Phone Home Phone

Name _____ Occupation _____
 Address _____ Years Known _____
 City _____ State _____ Zip _____ Business Address Home Address
 Telephone _____ Business Phone Home Phone

Name _____ Occupation _____
 Address _____ Years Known _____
 City _____ State _____ Zip _____ Business Address Home Address
 Telephone _____ Business Phone Home Phone

RESIDENCE RECORD

Our background checking procedures require addresses for the previous five years.
Use back of form if necessary.

Address _____ Dates: _____
From To
City _____ State _____ Zip _____

Address _____ Dates: _____
From To
City _____ State _____ Zip _____

Address _____ Dates: _____
From To
City _____ State _____ Zip _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application may be grounds for rejection of this application or dismissal from employment if subsequently discovered.

I authorize Five Rivers Health Center to make inquiries, which may provide background regarding my character, general reputation, and past work performance. I hereby authorize Five Rivers Health Center to inquire and also authorize and request each former employer, educational institution, persons, governmental and law enforcement agencies to answer all questions, which may be legally asked, and to release all information, which may be legally sought. I hereby release all parties from any liability or responsibility for doing so.

I understand that as an applicant for employment with this Company, I will be required to undergo drug testing and a physical exam as part of the application process.

I hereby acknowledge that any employment relationship with Five Rivers Health Center is of an “at will” nature, which means that the employee may, at any time, terminate employment and the Employer may discharge the Employee, at any time, with or without cause. It is further understood that this “at will” employment relationship may not be changed, either orally or in writing, by any Agent of the Agency.

If hired, I agree to comply with all rules, regulations, and employment policies of Five Rivers Health Center.

Signature: _____ Date: _____