

Neighborhood Health Clinics, Inc.
PO Box 11949, 1717 S. Calhoun Street
Fort Wayne, IN 46862-1949
260-458-2641

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Referral Source:

Monster Friend Walk-in Relative Work One School NHCI Website
 Facebook LinkedIn Other

PLEASE PRINT OR TYPE ALL RESPONSES

Date of Application _____ Position applied for _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone # _____ Social Security # _____

Have you filed an application here before? Yes No If Yes, please give date _____

Are you currently employed? Yes No If Yes, by whom? _____

May we contact your present employer?
 Yes No

If you are under 18 years of age, can you furnish a work permit? Yes No

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____ Do you prefer _____ Part-time or _____ Full-time?

Have you ever been discharged from employment?
 Yes No

If yes, please explain. _____

Are you on lay-off and subject to recall? Yes No *Can you travel if the job requires it? Yes No

EDUCATIONAL BACKGROUND

School	Name / Location of School	Course of Study	Graduated: Yes / No	Degree / Diploma
High School				
College				
Graduate School				
Vocational School				

List any memberships in professional, trade, business, or civic organizations and / or office held. *(You may exclude memberships that would reveal race, color, religion, sex, sexual orientation, national origin, age, ancestry, or handicap)*

List special training or skills that would be of special benefit in the job for which you are applying.

Indicate any languages you speak, read, and / or write.

Language	Speak	Read	Write

Do you currently hold any professional licenses? Yes No If Yes, complete following:

Kind of License	State	Registration #

Give name, e-mail address, and phone # of 3 references who are not related to you. At least 2 should be previous employers.

	Name	E-Mail Address	Phone #
Business Reference			
Business Reference			

EMPLOYMENT EXPERIENCE: Start with your present or last employer. Include military service assignments and volunteer activities. *(You may exclude memberships that would reveal race, color, religion, sex, sexual orientation, national origin, age, ancestry, or handicap)*

Employer _____
Address _____
Phone # _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed from _____ to _____
Hourly rate / Salary Start \$ _____ Final \$ _____
Work Performed _____

Employer _____
Address _____
Phone # _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed from _____ to _____
Hourly rate / Salary Start \$ _____ Final \$ _____
Work Performed _____

Employer _____
Address _____
Phone # _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed from _____ to _____
Hourly rate / Salary Start \$ _____ Final \$ _____
Work Performed _____

Employer _____
Address _____
Phone # _____ Job Title _____
Supervisor _____ Reason for Leaving _____
Dates Employed from _____ to _____
Hourly rate / Salary Start \$ _____ Final \$ _____
Work Performed _____

Have you ever been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any misdemeanor or felony? Yes No

If yes, please explain. _____

Have you ever been convicted of a controlled substance violation, healthcare fraud or patient abuse violation?
 Yes No

If yes, please explain. _____

Have you been excluded from participating in the Medicare, Medicaid or other federal programs?
 Yes No

If yes, please explain. _____

Have you ever had any action taken against your professional licensure?
 Yes No N/A

If yes, please explain. _____

Are you a high school graduate or do you have the equivalent GED?
 Yes No

Are you capable of demonstrating commitment to service excellence?
 Yes No

Are you capable of successfully passing a criminal background check?
 Yes No

Are you a former employee? Yes No

If yes, please list approximate dates. _____

Are you a veteran of the U.S. Military Services? Yes No If Yes, what branch? _____

AUTHORIZATION AND RELEASE

I certify that answers given herein are true and complete to the best of my knowledge.

In applying for employment, I want Neighborhood Health Clinics, Inc. (NHCI) to be fully informed of my work history. I, therefore, authorize NHCI to investigate my background and obtain any and all information that may concern me. I release all persons, including NHCI, schools, companies, corporations, and law enforcement agencies from any liability as a result of furnishing such information.

I fully understand that, if employed, any misrepresentation of acts on my application is sufficient reason for my termination. In addition to my authorization and release of information and entities set forth above, I authorize NHCI to discuss the results of any pre-employment investigation with persons who conduct the interview(s) in any investigation as well as with those individuals responsible for hiring. I understand that nothing contained in my application, or in the granting of, or conducting of, an interview is intended to create an employment contract or binding contractual relationship between NHCI and me either for employment or for the providing of any benefit. No promises regarding employment or duration of employment have been made to me, and I understand that no such promises or guarantees are binding upon NHCI unless made in writing by the President/CEO or his/her designee.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice, and for any lawful reason or cause. If any employment relationship is established, in consideration of such an employment relationship, I agree not to use or reveal any confidential information of NHCI.

NHCI and its directors, officers, administrators, managers, employees, and agents are all released by me from any legal responsibility or liability for the release of such information and records as authorized above or any other liability that may arise from the release of such information.

I have read the above statement carefully, and I agree to abide by all of the terms set forth above.

Applicant Signature

Date

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In consideration for employment or promotion within Neighborhood Health Clinics Inc. or affiliates, on our behalf, Employers Reference Source may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination from your past employment.

In compliance with the Americans With Disabilities Act, only after a contingent offer of employment is offered, will your workers' compensation history be investigated for the purpose of making certain that you are not hired for a position of assigned to a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from Employers Reference Source and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the form which follows, authorizing, without reservation, any party, including but not limited to, employers, law enforcement agencies, institutions and private information bureaus or repositories, contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization releases Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Employers Reference Source the above mentioned information as requested, in order to successfully complete a background investigation.

For your records, a copy of this completed notice that a consumer report may be obtained for employment purposes will be provided. Please retain it for your records.

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Print Full Name: _____

Have you used any other name (s)? Y N If yes, what name (s) did you use? _____

Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ State Issued: _____

High School: _____ Year of Graduation: _____

Undergraduate Education: _____ Year of Graduation: _____

Graduate Education: _____ Year of Graduation: _____

Applicant Signature: _____ Date: _____

*Date of birth is being requested only for purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.

Voluntary Affirmative Action Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application _____ Position applied for _____

Referral Source:

Advertisement Friend Walk-in Relative Employment Agency Other

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # _____

As required, we comply with government regulations, including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is **not** a part of your official application for employment. It is considered confidential information that will **not** be used in any hiring decision.

Check One: Male Female

Check one of the following Race/Ethnic Groups:

Hispanic Black White American Indian/Alaskan Native Asian/Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Individual with a Disability

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another Federal Law or Regulation.