



**neighborhood
HEALTH**

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 OF TYPE ALL RESPONSES

Date of Application _____ Position applied for _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone # _____ Email address: _____

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? _____ Email address: _____
 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

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 \$ _____

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 the 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.