

APPLICATION FOR EMPLOYMENT

State the positions(s) you are	applying for:		_		
APPLICACANT INFORMATION					
Last Name	First Name		Middle	Middle	
Home Address	- City	State	Zip Cod	 e	
Mailing Address	- City	State	Zip Cod	<u></u> e	
Home Telephone Number	Cell Phone Number		Email Address	.ddress	
Have you ever pled guilty or n 7 (seven) years or felony within If yes , please give the date(s) a	n the last 10 (ten) years? and details:	□Yes □No			
NOTE: Answering "Yes" to these que of offense, seriousness and nature of infractions and convictions for which successfully completed or otherwise	estions does not constitute an a f the violation and rehabilitatio n the record has been sealed or	n will be taken in: expunged, any co	to account (Do not i	include minor traffic probation has been	
any retrial or post-trial diversion pro these questions.)	grams, and marijuana-related	offenses that occu	urred over two year	s ago in answering	
Are you currently employed? Are you interested in: \Box Full		we contact yo □ Part-time v	ur current emplo work?	oyer? □Yes □No	
Please check the days you can	work: □Sun □Mon	□Tues □W	/ed □Thurs [□Fri □Sat	
Please list the hours you can v	vork:	Are you willin	g to work overti	me? □Yes □No	
Date Available:	Desired P	ay:			
Can you perform the necessar	y functions involved in the	position for v	vhich you are ap	plying?	
□Yes □No					
If no , please list the job functi	ons you cannot perform: _				
Have you ever been employed	l by us? □Yes □No	If yes, when?			
State the names of any relativ	es/friends in our employn	nent:			



APPLICANT NAME:

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EDUCATION HISTORY						
High School Name	Address	(City, State		GPA	
College	Address		City, State		GPA	
Trade School / Other	Address		City, State		GPA	
List any special training c	r education you have	received:				
EMPLOYMENT HISTORY Present / Last Employer		contact your p	revious en	nnlovers? □Ye	s □No	
Company	Dates Worked	contact your previous employers? ☐Yes Title/Position			Rate of Pay	
Company	Dutes troined	1100/1 0010.0.	•		nate or ray	
Company Address	City, State	ate Zip P		Phone Nun	Phone Number	
Supervisor	Reason for Leavir	ng				
2 nd Company	Dates Worked	Title/Position	Title/Position		Rate of Pay	
		-			-	
Company Address	City, State		Zip P		Phone Number	
Supervisor	Reason for Leavir	aving				
3 rd Company	Dates Worked	Title/Position			Rate of Pay	
Company Address	City, State	_ L	Zip Phone N		umber	
Supervisor	Reason for Leavir	ng	1	,		



Printed Name

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List all office, technical or professional skills and/or certificates, licenses and bilingual abilities you possess that are relevant to the position you are applying:					
TERMS OF EMPLOYMENT PLEASE READ THIS SECTION BEFORE YOU SIGN THIS EMPLOYMENT APPLICATION					
I understand that this is an application for employment with Christian Health Associates and that no employment contract is being offered. I further understand that if I am employed, the company or I may terminate my employment at any time with or without cause and without any prior notice. I understand that no representative of the company has the authority to make any agreement to the contrary.					
I authorize the company to thoroughly investigate my work and personal history and verify all data given to the company. I authorize all individuals, schools, and firms named (except my present employer, if so noted) to provide any information about me. I hereby release from liability the company and its representatives for seeking such information and all persons, corporations, or organizations for furnishing such information.					
The company is committed to providing a work environment that is free of harassment of all types. Therefore, we maintain a strict policy, which prohibits harassment in any form, including sexual harassment, whether committed by managers, supervisors, or other employees. Violation of policy will result in disciplinary action up to and including termination of employment.					
It is the policy of the company to recruit, hire, and promote qualified applicants and to provide equal employment opportunities to all applicants in a manner, which will not illegally discriminate against a person in compensation or in a term, condition, or privilege of employment because of the person's race, religion, color, national origin, age, physical or mental disability, gender, marital status, changes in marital status, pregnancy, or parenthood when the reasonable demands of the position do not require distinction. It is understood that a breach of the company's policy regarding nondiscrimination, as defined herein, shall be grounds for appropriate disciplinary action up to an including termination of employment.					
I certify that all statements herein are true and understand that any falsification or willful omission may or shall be sufficient cause for dismissal or refusal of employment.					

Signature

Date