



Heart City Health Center Applicant's Acknowledgment

1. I understand that neither this application nor any offer of employment from Heart City Health Center Incorporated constitutes an employment contract unless a specific document is executed in writing by Heart City Health Center, Incorporated and the employee.
2. I understand that receipt of this application does not imply I will be employed nor does it indicate there are positions available.
3. I understand that, unless acted upon, this application will become inactive after ninety (90) days.
4. I understand that any future offer of employment is contingent upon my passing the prescribed physical examination, if required, and such future physical examinations as may be required by Heart City Health Center, Incorporated, at such times and places as the institution shall designate.
5. I hereby grant permission to Heart City Health Center, Incorporated to investigate any of the information included in this application, agree to cooperate in such investigation and release from all liability or responsibility Heart City Health Center, Incorporated, all persons, organizations, companies and corporations collecting and supplying such information together with any other information that may have regarding me whether or not it is in their records.
6. I understand that if I am hired my employment will be **at-will** and may terminated with or without cause and with or without notice at any time. I also understand that no employee of Heart City Health Center, Incorporated, other than the Chief Executive Officer and the Board of Directors, has authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing.
7. I understand that because Heart City Health Center, Incorporated is an institution that provides care 24 hours, 365 days per year, weekend and holiday scheduling may be necessary, as well as emergency conditions which may require me to work shifts other than the one for which I am applying and agree to such a scheduling or scheduling changes as directed by my department head or the Chief Executive Officer.
8. I certify that I have read the above items and that the information included in this application is true and complete to the best of my knowledge. In the event that I am employed, I understand that any false or misleading information provided in this application or in the interview process may result in discharge and or legal action. I understand also that if employed, I am required to abide by all rules and regulations of Heart City Health Center, Incorporated any special agreements reached between Heart City Health Center, Incorporated and me.

Applicant's Signature

Date

Heart City Health Center Application for Employment

Please Print

Position(s) applied for _____ Date of application: _____

Name: _____
Last First M.I.

Address _____
City, State Zip Code

(_____) _____ (_____) _____
Telephone Number Cell Phone Number

E-mail Address

If you are under the age of 18, and it is required, can you furnish a work permit? _____
Yes No

If no, please explain: _____

Have you ever been employed here before? _____ If yes, give dates and position(s) below:
Yes No

From To Position(s):

Are you legally eligible for employment in the United States? Yes _____ No _____

Date available for work _____ What is your desired salary range? \$ _____

Type of employment desired? Full ____ PT ____ Temp ____ Seasonal ____ Educational Co-Op _____

Type of work schedule interested in: Days _____ Evenings _____ Part-time _____

Are you able to meet the attendance requirements of the position? _____
Yes No

Have you ever pled guilty or "no contest" to, or been convicted of a crime? _____
Yes No

If yes, please provide date(s) and details below:

Answering "Yes" to this question does not constitute an automatic bar to employment. Factors such as date of offense and nature of the violation, rehabilitation and position applied for will be taken into account.

Employment History:

Provide the following information of your past three (3) employers, assignments, or volunteer activities, starting with the most recent:

From _____ To _____ Employer _____ Telephone # (____) _____

Starting Job Title/Final Job Title: _____/_____

May we contact for a reference? Yes _____ No _____ Later _____

Reason for Leaving: _____

Hourly rate/salary: _____

From _____ To _____ Employer _____ Telephone # (____) _____

Starting Job Title/Final Job Title: _____/_____

May we contact for a reference? Yes _____ No _____ Later _____

Reason for Leaving: _____

Hourly rate/salary: _____

From _____ To _____ Employer _____ Telephone # (____) _____

Starting Job Title/Final Job Title: _____/_____

May we contact for a reference? Yes _____ No _____ Later _____

Reason for Leaving: _____

Hourly rate/salary: _____

References:

Name	Telephone Number	Number of Years Know
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Special/Related Training:

List any special training that you have completed that may qualify you as being able to perform job related functions in positions for which you are applying:

Comment on any additional related experience(s) you may have had that may qualify you are being able to perform job related functions in the position for which you are applying: (for example: clinical experience, home health care, urgent care, senior care, pharmacy, voluntary service, etc.).

List all languages you read, speak or write fluently:

License and Certification Information:

List all applicable license or certifications:

License/Certification	Date Issued	Date Expired
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License/Certification	Date Issued	Date Expired
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License/Certification	Date Issued	Date Expired
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Educational Background:

	Name and Location	Years Completed	Did you graduate?	Course of Study
High School				
College				
Other				

Applicant Statement:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to:

1. Cancel further consideration of this application or
2. Immediately discharge me from the employer's service, whenever it is discovered.

I express authorize, without reservation, the employer, it's representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer sand still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with our without cause and without prior notice, except as may be required by law. This application does not constitute an agreement to contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Chief Executive Officer.

I also understand that if I am hire, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT:

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Signature of Applicant

Date

EMPLOYEE REFERENCE REQUEST

Please complete the following section:

Work Reference:

Education Reference:

Personal Reference

I hereby authorize the release of the information requested:

Applicant's Name: _____

Address: _____

Position applied for: _____

Signature: _____

WORK REFERENCE

Name while employed: _____ Position: _____

Employment dates: From: _____ To: _____

Reason for leaving: _____

Would you rehire? Yes ___ No ___ Explanation: _____