

Application for Employment



We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____
Address: _____
Telephone#: _____

Position(s) applied for or type of work desired: _____
Type of employment desired: _____ full-time _____ part-time _____ temporary
Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No
Do you have any objection to working overtime if necessary? _____ Yes _____ No
Can you travel if required by this position? _____ Yes _____ No
Have you ever been previously employed by our organization? _____ Yes _____ No
Can you submit proof of legal employment authorization and identity? _____ Yes _____ No
Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No
If yes, please explain (a conviction will not automatically bar employment): _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

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Employment History continued

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Dates employed: from _____ to _____ Salary: _____
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Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:
High school: _____
College: _____
Technical Training: _____
Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize Access Healthcare, Inc. to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Access Healthcare, Inc. and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either Access Healthcare, Inc. or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

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