



Personal Information

Name _____

Address		City	State	Zip
Phone #	Mobile #	Email Address		
Are you legally eligible to work in the US? <i>(Proof of eligibility will be required upon offer of employment)</i> ___ Yes ___ No		Are you over the age of 18? <i>(If no, you may be required to provide authorization)</i> ___ Yes ___ No		Have you ever applied to PBCH Before? <i>If yes please give date _____</i> ___ Yes ___ No
Can you with or without reasonable accommodation perform the essential functions of this job? <i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question)</i> ___ Yes ___ No		Have you ever worked at PBCH Before? <i>If yes, please give date _____</i> ___ Yes ___ No		
How did you hear about us? ___ Walk In ___ PBCH Website ___ Newspaper ___ Staff Referral ___ Other				Do you know anyone who works for PBCH? If yes, who? _____ ___ Yes ___ No

Position

Position you are applying for:	Available start date:	Desired Pay:
Employment Desired: ___ Full time ___ Part time ___ Under Arrangement (Per Diem)		
Do you have a valid driver's license? <i>(for driving positions only)</i> ___ Yes ___ No	Have you ever had your professional license revoked or suspended or had any disciplinary action taken against you? (If yes, please explain: _____) ___ Yes ___ No	

Education

School Name	Location	Years Attended	Degree Received	Major

Describe any special skills, experience and/or training that would enhance your ability to perform the position applied for?

Describe your Computer Skills:

Employment History

Employer	Job Title		Supervisor	
Work Phone	Starting Pay Rate		Ending Pay Rate	
Address	City	State	Zip	Dates Employed
Employer	Job Title		Supervisor	
Work Phone	Starting Pay Rate		Ending Pay Rate	
Address	City	State	Zip	Dates Employed
Employer	Job Title		Supervisor	
Work Phone	Starting Pay Rate		Ending Pay Rate	
Address	City	State	Zip	Dates Employed
Employer	Job Title		Supervisor	
Work Phone	Starting Pay Rate		Ending Pay Rate	
Address	City	State	Zip	Dates Employed

Other

Are you presently employed?
___ Yes ___ No

If yes, may we contact your employer?
___ Yes ___ No

References

Name	Occupation	Company	Address, Phone, Email	Years Acquainted

Signature Disclaimer

Please read carefully before signing

I understand that submission of an application does not guarantee employment. I further understand that, should an offer employment be extended by Pemi-Baker Community Health (hereinafter referred to as "PBCH") that such employment with PBCH is at will, for no specified duration and may be terminated by either PBCH or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements, of PBCH or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of PBCH except CEO has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the CEO. In consideration for employment with PBCH, if employed, I agree to conform to the rules; regulation, policies and procedures of PBCH at all times, and understand that such obedience is a condition of employment. I understand that due to the nature of PBCH's business, attendance and punctuality are considered essential requirements of every job at PBCH and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with PBCH, I may be required to submit to a pre-employment background check and driver's record check and a post-employment medical examination as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to PBCH and/or any

of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for 60 days. If I wish to be considered for employment after this period I must fill out and submit a new application.

I attest with my signature below that I have given PBCH true and complete information on this application. No requested information has been concealed. I authorize PBCH to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate termination, regardless of the timing or circumstances of discovery.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

By typing your name in the "Signature" space, you are electronically signing this document.

Pemi-Baker Community Health is proud to be an equal opportunity employer. PBCH does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

RESULTS

Interview Team Members: _____

Date of Interview: _____

Job Offered: ____ Yes ____ No

If Yes, Job Title: _____ Department: _____

Date beginning Employment _____ Compensation \$ _____ per _____