

**E. A. HAWSE HEALTH CENTER
PO BOX 97
BAKER, WEST VIRGINIA 26801
304-897-5915**

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination of race, Creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever been employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location: _____			
ARE YOU RELATED TO ANYONE EMPLOYED OR ON THE BOARD OF DIRECTORS OF HAWSE HEALTH? _____			
Position Desired			
Apart from absence for religious observance, are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked?
Are you legally eligible for employment in the United States?			When will you be available to Begin work?

EDUCATION INFORMATION

School	Name & Location of School	Course of Study	# of years completed	Did you Graduate?	Degree or Diploma?
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record.
Start with your present or most recent employer

1.

Company Name	Telephone
Address	Employed (Month & Year) From: To:
Name of Supervisor	Reason for leaving
State Job title and describe your work	

2.

Company Name	Telephone
Address	Employed (Month & Year) From: To:
Name of Supervisor	Reason for leaving
State Job title and describe your work	

3.

Company Name	Telephone
Address	Employed (Month & Year) From: To:
Name of Supervisor	Reason for leaving
State Job title and describe your work	

4.

Company Name	Telephone
Address	Employed (Month & Year) From: To:
Name of Supervisor	Reason for leaving
State Job title and describe your work	

May we contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact:
Employer Number(s) _____ Reason _____

MILITARY	Do you serve in the US Armed Forces?	If "Yes", what Branch?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences.

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

EAHHC will perform a pre-employment drug test if a job offer is considered. EAHHC will also perform background check and/or fingerprinting. If any of these pre-employment tests are returned with positive information, it is EAHHC's duty and responsibility to report these findings to any licensing boards.

Membership in Professional or Civic Organizations

[Exclude those which may disclose your race, color, religion or national origin]

Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long at present address? _____ years	Previous address: _____ _____
How long at previous address? _____ years	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

EAHHC will perform a pre-employment drug test if a job offer is considered. EAHHC will also perform background check and/or fingerprinting. If any of these pre-employment tests are returned with positive information, it is EAHHC's duty and responsibility to report these findings to any licensing boards.

If EAHHC performs any investigative consumer reporting to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provided, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date