



# Job Application Form

It is the policy of New Century Health to provide equal employment opportunities to all qualified persons and employees without regard to race, color, religion, national origin, age, sex, disability, Veteran status or other legally protected status.

**Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.**

**PERSONAL INFORMATION:**

First Name		Middle Initial	Last Name	
Current Address- Street Address		City, State,		Zip Code
Phone Number	Mobile Number		E-Mail	
Position Applying for:		Salary Desired?	What date can you start to work?	
<p>Have you ever been convicted of or pleaded no contest to a misdemeanor or felony? (Exclude minor traffic infractions; convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed. Exclude convictions for marijuana-related offenses for personal use more than two years old).</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please explain:</p> <p><i>(By answering "yes" does not constitute an automatic bar to employment. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to duties of position applied for).</i></p>				
<p>Do you have the legal right to work in the United States?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>		<p>Days Available per week:</p> <p><input type="checkbox"/> Mon thru Fri    <input type="checkbox"/> _____ days per week</p> <p>Hours Available:</p> <p><input type="checkbox"/> 7am – 4pm    <input type="checkbox"/> 8am – 5pm</p> <p><input type="checkbox"/> Other: _____</p> <p>Are you willing to work overtime &amp; weekends?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>		
<p>Have you ever applied to / worked for this company before?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, please explain (include dates):</p>		<p>Do you have any friends, relatives, or acquaintances working for this company?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, state name &amp; relationship:</p>		
<p>Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If no, describe the functions that cannot be performed:</p>		<p>Have you ever been known by any other name(s) which we will need to verify information contained in this application.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please list:</p>		

*(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

**For Internal Reference Only**  
Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_



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Name: \_\_\_\_\_

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**EMPLOYMENT HISTORY:** Please complete all information even if you attach a resume.

Employer Name & Address:	From - To	Supervisor Name & Phone:	Salary:		Reason for Leaving
			Starting	Ending	
			\$	\$	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	\$	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	\$	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	\$	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			\$	\$	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Education, Training and Experience

<b>High School Name:</b> <b>HS address:</b> <b>Number of years completed:</b> _____ <b>Did you graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Degree / diploma earned:</b> _____	<b>College Name:</b> <b>College address:</b> <b>Number of years completed:</b> _____ <b>Did you graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Degree / diploma earned:</b> _____
<b>Vocational School Name:</b> <b>Vocational School address:</b> <b>Number of years completed:</b> _____ <b>Did you graduate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Degree / diploma earned:</b> _____	<b>Skills with Microsoft:</b> <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint <b>Language:</b> <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____

Do you have any other experience, training, qualifications, or skills that you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Yes  No

If yes, please explain \_\_\_\_\_

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## References

List three persons who have knowledge of your work performance within the last four years. May We Contact Your references?  Yes  No

Please include professional references only.

(1) First, Last	Address:	Phone:	Occupation:	# of Years Acquainted:
(2) First, Last	Address:	Phone:	Occupation:	# of Years Acquainted:
(3) First, Last	Address:	Phone:	Occupation:	# of Years Acquainted:

## Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. **Initial Here**\_\_\_\_\_

I understand that if I am hired that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the company is authorized 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 are signed by the President of the company. **Initial Here**\_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. **Initial Here**\_\_\_\_\_

**Applicant's Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**For Internal Reference Only**  
**Reviewer:**\_\_\_\_\_ **Date:**\_\_\_\_\_