



Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For				Date of Application	
Last Name		First Name		Middle Initial	
<u>Address</u> Number	Street	City	State	Zip	
<u>Telephone Number(s)</u>	Home	Work	Other	Social Security Number ____/____/____	

Have you ever worked at Graves-Gilbert Clinic (“GGC”)before? Yes No
 If yes, what was your name when you worked here and in what area did you work?: _____

Do you have any friends or relatives that work at GGC? Yes No
 If yes, state name and relationship: _____

Are you currently employed?..... Yes No
 If yes, may we contact your employer? Yes No

Are you 18 years of age or older? Yes No
 If under 18, do you have a work permit? Yes No

Do you have the legal right to work in the U.S.? Yes No
Proof of citizenship or immigrations status will be required upon employment.

Date available for work _____ What is your desired rate of pay ? _____

Are you available to work: Full Time
 Part Time (Please circle availability) Mornings Afternoons M T W T F
 Temporary From ____/____/____ to ____/____/____

Will you work overtime if needed?..... Yes No

Are you currently on “lay-off” status and subject to recall? Yes No

Will you work **SATURDAYS** if needed?..... Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Can you perform the essential functions of the job as outlined in the job description for which you are applying with or without reasonable accommodation?..... Yes No

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, gender, national origin, disabilities or other any other protected status.

Employer	Dates Employed From To		Job Title and Work Performed
Address			
Telephone Number(s)	Hourly Rate/ Salary:		
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor

Employer	Dates Employed From To		Job Title and Work Performed
Address			
Telephone Number(s)	Hourly Rate/ Salary:		
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor

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Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor

Resume Attached ?..... Yes No

License information:

LPN License # _____ RN License # _____

Other Certification / License #'s _____

Other Skills (Office Skills, Computer Skills, languages, etc.):

Please specify _____

Please list names, addresses, and telephone numbers of three professional references who are not related to you. Please include at least one work reference from a previous employer.

Education				
School	Name & Address of School	Course of Study	# Years/hours Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

How did you learn about Graves-Gilbert Clinic?

- Advertisement Friend Website Other _____
 Relative GGC Employee _____

State any other information you feel may be helpful to us in considering your application:

Agreement

I certify that answers given herein and any supporting documents (i.e., resumes, etc.) are true and complete to the best of my knowledge. I understand that my falsification, omission, or misstatement of information on this application or at any time during the employment application process may result in refusal to hire, if hired, termination.

I authorize Graves-Gilbert Clinic to conduct a complete background investigation to determine my suitability for employment and to use any information lawfully obtained for any employment purpose permitted under law. This investigation may include checking with the schools and employers identified above, reviewing criminal and driving records, performing credit checks, and verifying any other information about me. I therefore authorize any appropriate person or entity to disclose to Graves-Gilbert Clinic any requested information, including a transcript, final grades, courses attempted and/or completed, and degree(s) earned, and the facts of my past employment, dates of employment, titles, positions, wages, and the reasons for and circumstances surrounding my separation. Further, I agree to release, hold harmless, and waive any claims I may have against Graves-Gilbert Clinic and any and all schools, former employers, consumer reporting agencies and other persons or entities providing information for any loss or injury I may sustain as a result of any disclosure related to this background investigation.

I understand that this application is not intended to as a contract of employment. Any employment with Graves-Gilbert Clinic requires successful results from the background investigation, pre-employment drug screen and any applicable employment tests. In addition, employment will be based solely upon the mutual consent of Graves-Gilbert Clinic and me, and either party may end the at-will relationship at any time, with or without cause or advance notice. I understand, also, that I am required to abide by all rules and regulations of Graves-Gilbert Clinic.

Signature of Applicant

Date

FOR HUMAN RESOURCES USE ONLY

Date Received _____

Telephone Screen Yes No Date _____ By _____

Arranged Interview Yes No Date/Time _____ By _____

Interviewed by _____ Date/Time _____

Interviewed by _____ Date/Time _____

Interviewed by _____ Date/Time _____

Interviewed by _____ Date/Time _____

Professional References Checked Yes No Date _____ By _____

Previous Employment Verified Yes No Date _____ By _____

Job Offer Verbal Yes No By _____ Accepted Declined

Job Offer Written Yes No Date _____ By _____

Date of Hire _____ Position _____ Department _____