

Application For Employment

ECO Family Health Center, Inc
109 South Main
Wetumka, OK 74883-3017
(405) 452-3151
FAX (405) 452-3310

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Location:	Date of Application
How Did you Learn About Us <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Facebook <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name
Address	City	State Zip
Telephone Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give dates and name while employed _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you lawfully eligible to work in this country? Yes No
Proof of citizenship or immigration status will be required upon employment

On what date would you be available to work? _____

Are you available for work: **Full Time** **Part Time** **Shift Work** **Temporary**

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

Can you travel if a job requires it?..... Yes No

Are you currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or nonprocurement programs? Yes No

Education:

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma /Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic membership and activities relative to the job for which you are applying. *You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

References:

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

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military? Yes No
 If yes, please describe _____

Are you able to perform the essential functions of the job for which you are applying? Yes No
 Are you bi-lingual? Yes No If yes, what language? _____

Employment Experience

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

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/ Salary Starting Final		
Job Title				
Reason for Leaving	Supervisor			
Name During Employment				
Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/ Salary Starting Final		
Job Title				
Reason for Leaving	Supervisor			
Name During Employment				
Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/ Salary Starting Final		
Job Title				
Reason for Leaving	Supervisor			
Name During Employment				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

Give an example of your computer skills: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of six (6) months.

Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ Yes ___ No

Remarks: _____

Employed ___ Yes ___ No

Interviewed Date

Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____

Name and Title

Date

Notes: _____

EAST CENTRAL OKLAHOMA FAMILY HEALTH CENTER, INC.

Disclosure to Employment Applicant

I hereby authorize East Central Oklahoma Family Health Center, Inc. to contact any and all corporations, former employers, education institutions, law enforcement agencies and military services to release information about by background including, but not limited to, information about my employment, education, driving record, criminal record and general, public records history to East Central Oklahoma Family Health Center, Inc.

I release from liability all persons, companies and schools supplying such information. I indemnify East Central Oklahoma Family Health Center, Inc. against any liability, which may result from making such requests. If I am employed, this release shall remain in effect for the length of my employment. A copy of this form will serve as authorization to release information requested.

I believe, to the best of my knowledge, that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name (please print) _____

Other names used Including Maiden Name: (please print) _____

Address: _____

City/State/Zip _____

Signature of Applicant _____

Date _____

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