



Employment Application

"An Equal Opportunity Employer"

Please Print

Date: _____

Name: _____

Business Telephone (____) _____

Home Telephone (____) _____

Cell Phone (____) _____

Email _____

Present Address

No. Street City State Zip

Permanent Address, if different from present address:

No. Street City State Zip

Employment Desired

Position applying for: _____

Job Requisition (if applicable): _____

Are you applying for:

Regular or part-time work? Yes___ No___

Temporary work, e.g., summer or holiday work? Yes___ No___

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

From: _____

To: _____

Are you available for work on weekends? Yes___ No___

Would you be available to work overtime, if necessary? Yes___ No___

If hired, on what date can you start work? _____

Salary desired: _____



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Personal Information

Have you ever worked for WellSpace Health before? Yes _____ No _____

If yes, when? _____

Do you have any friends or relatives working for WellSpace Health? Yes _____ No _____

If yes, state name(s) and relationship(s) _____

Why are you applying for work at WellSpace Health? _____

Are you at least 18 years old? Yes _____ No _____
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, would you have a reliable means of transportation to and from work? Yes _____ No _____

If the position you are applying for requires you to drive on behalf of the organization, would you be able to provide proof of a valid driver's license? Yes _____ No _____
(If yes, please answer question A below).

A. Would you be able to provide proof of current car insurance? Yes _____ No _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying?
Job description that defines essential functions and requirements is attached. Yes _____ No _____

If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests.)



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Personal Information – continued

Are you currently employed?

Yes____ No____

If so, may we contact your current employer?

Yes____ No____

Education, Training and Experience

School	Name and Address	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/Business			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at WellSpace Health? If so, please explain.



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Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Attach additional pages if necessary. You must complete this section even if attaching a resume. This is a requirement for our Joint Commission accreditation purposes and acknowledges your information is correct and true to the best of your knowledge.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____



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References

A total of three (3) references are required: two (2) professional references must have knowledge of your work performance and one (1) personal reference.

Professional References

Name: _____

Address _____

No. Street City State Zip

Occupation: _____

Relationship: _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Name: _____

Address _____

No. Street City State Zip

Occupation: _____

Relationship: _____

Telephone No. (_____) _____ Number of Years Acquainted _____

Personal Reference

Name: _____

Address _____

No. Street City State Zip

Occupation: _____

Relationship: _____

Telephone No. (_____) _____ Number of Years Acquainted _____



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Please Read Carefully, Initial Each Paragraph and Sign Below

____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ I hereby authorize WellSpace Health to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to WellSpace Health any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release WellSpace Health, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by WellSpace Health, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with WellSpace Health, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

____ I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and WellSpace Health. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or WellSpace Health, and that no promises or representations contrary to the foregoing are binding on WellSpace Health unless made in writing and signed by me and WellSpace Health’s designated representative.

Applicant’s Signature

Printed Name

Date