

Application must be fully completed in order to be considered for any openings. Resumes accepted only with completed employment application. Applications not fully completed and resumes without applications will not be considered and will be discarded, unless otherwise solicited.

Prospective employees will receive consideration without discrimination based on race, color, religion, age, sex, pregnancy, national origin, ancestry, genetic information, veteran or military status, marital status, sexual orientation, disability or any other protected classification as established by applicable law



APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Email Address
	Have you ever applied for employment with us?			Yes <input type="checkbox"/>
	If yes: Month and Year _____ Location _____			No <input type="checkbox"/>
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work?			Will you work overtime if asked?
	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/>
	If not, what hours can you work?			No <input type="checkbox"/>
	If you are under 18 years of age, can you provide the required proof of your eligibility to work?			When will you be available to begin work?
Yes <input type="checkbox"/>			Have you ever been bonded? Yes <input type="checkbox"/>	
No <input type="checkbox"/>				No <input type="checkbox"/>
			If "Yes" with what employers?	
Are you legally eligible for employment in the United States?			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you graduate? Please use X	Degree or Diploma
	Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Business / Trade / Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Elementary					

How Did You Find Out About 'This Position? Newspaper TV Website Other
 Referral Walk-In Marquee Sign

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your most present or recent employer.
Continue employment history on back or with additional pages if necessary for completeness.

1	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for leaving

4	Company Name	Telephone
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT	
	Employer Number(s)	Reason

MILITARY	Did you serve in the U.S. Armed Forces?	If "Yes" in what branch?
Describe any training received relevant to the position for which you are applying?		

ADDITIONAL SKILLS/CERTIFICATIONS
List any additional or particular skills, training or certifications you have which you believe may relate to the position sought.

PERSONAL AND PROFESSIONAL REFERENCES. (DO NOT INCLUDE RELATIVES).

REFERENCES	Name	Email Address	Phone
1			
2			
3			
4			

Are you related in any manner to any current Member of the Board of Directors of Christopher Rural Health Planning Corporation? Yes No

Applicant Certification

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING THIS APPLICATION

I hereby certify that the facts set forth in my employment application are true and correct to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions made by me in this Application, the background check Authorization and Disclosure Form and during any interview are cause for being eliminated from consideration for employment or for immediate termination of employment.

I authorize Christopher Rural Health Planning Corporation to verify all pertinent information including but not limited to work experience, educational background and personal and professional references and will not hold Christopher Rural Health Planning Corporation or the provider of such references liable for the release of such information.

I will provide Christopher Rural Health Planning Corporation with proof of my United States citizenship or documentation proving my legal right to be employed in the United States in accordance with the Immigration Reform and Control Act prior to employment with Christopher Rural Health Planning Corporation, if offered employment.

In the event of employment with Christopher Rural Health Planning Corporation, I will comply with all rules and regulations as set forth in any handbook, personnel policies or other communications distributed within Christopher Rural Health Planning Corporation. I understand that, if hired, my employment will be at will, meaning that either Christopher Rural Health Planning Corporation or I may terminate my employment at any time for any reason, with or without prior notice. I understand that no one, other than an executive officer of Christopher Rural Health Planning Corporation, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer. I also understand that in connection with my employment application, I must complete a separate Authorization for background checks that may be conducted by a third party with respect to civil or criminal proceedings and any other background check information authorized to be obtained by law. I understand that Christopher Rural Health Planning Corporation may conduct any investigation into my background as permitted by law.

This application will expire in ONE year. After that date, unless notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

I understand further that if I am offered a position with Christopher Rural Health Planning Corporation my initial or continued employment may be contingent on my taking and passing a substance abuse test and my submitting to a physical or medical examination demonstrating my ability to perform the essential job functions of my offered position.

I fully understand and accept all terms and conditions in the above Applicant Certification.

Date _____

Signature _____