



Five Rivers Health Center

2261 Philadelphia Dr.

Suite 200

Dayton, OH 45406

APPLICATION FOR EMPLOYMENT

Discrimination against individuals because of race, color, creed, religion, national origin, ancestry, sex, age, citizenship, sexual orientation, disability, or military service is against Company Policy and is expressly prohibited by law.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
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Present Address	City	State	Zip
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Permanent Address (if different from above)	City	State	Zip
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Last four (4) digits of Social Security Number	() Telephone
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Have you worked under any other name? ____ Yes ____ No (Required for verifying education, employment records and references).

If yes, please provide the name(s) _____

Are you, or have you ever been, excluded from providing services under Medicaid, Medicare or any other federally funded program? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please explain: _____

A conviction record will not necessarily be a bar to employment. This information will be used for job-related purposes and only to the extent permitted by applicable law.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three (3) business days of date of hire. Failure to submit such proof within the required time shall result in immediate employment termination.

EMPLOYMENT DESIRED

Position _____ Full-Time ____ Part-Time

Date you can start _____ Desired Salary/Hourly rate _____

Do you have any relatives presently employed by, or on the board of, Five Rivers Health Center? ____ Yes ____ No

If yes, give name of relative and relationship: _____

How were you referred to Five Rivers Health Center? _____

EDUCATION

Name of School Location/Address	Number of Years Completed	Did You Graduate?	Degree/Course of Study
High School/GED _____		____ Yes ____ No	_____
Undergraduate College/Univ. _____		____ Yes ____ No	_____
Graduate or Professional _____		____ Yes ____ No	_____
Other (Trade School, etc.) _____		____ Yes ____ No	_____

List specialized training or certifications: _____

Licensure / Certification License	Number	State	Expiration Date
_____	_____	_____	_____

Has your license/certification (in any state) ever been revoked? ____ Yes ____ No

If yes, please explain _____

EMPLOYMENT HISTORY

Please list all employment for the last five (5) years. Indicate most recent position first. Use back of form if necessary.

Employer _____ Telephone (____) _____
Address _____ City _____ State _____ Zip _____
Position(s) _____ Ending Wage/Salary _____
Dates of Employment: From: _____ To: _____ Full-Time ____ Part-Time ____
Immediate Supervisor (Name and Title) _____
Reason for Leaving _____
May we contact this employer for a reference? Yes ____ No ____ If no, why? _____

Employer _____ Telephone (____) _____
Address _____ City _____ State _____ Zip _____
Position(s) _____ Ending Wage/Salary _____
Dates of Employment: From: _____ To: _____ Full-Time ____ Part-Time ____
Immediate Supervisor (Name and Title) _____
Reason for Leaving _____
May we contact this employer for a reference? Yes ____ No ____ If no, why? _____

Employer _____ Telephone (____) _____
Address _____ City _____ State _____ Zip _____
Position(s) _____ Ending Wage/Salary _____
Dates of Employment: From: _____ To: _____ Full-Time _____ Part-Time _____
Immediate Supervisor (Name and Title) _____
Reason for Leaving _____
May we contact this employer for a reference? Yes _____ No _____ If no, why? _____

Employer _____ Telephone (____) _____
Address _____ City _____ State _____ Zip _____
Position(s) _____ Ending Wage/Salary _____
Dates of Employment: From: _____ To: _____ Full-Time _____ Part-Time _____
Immediate Supervisor (Name and Title) _____
Reason for Leaving _____
May we contact this employer for a reference? Yes _____ No _____ If no, why? _____

PROFESSIONAL REFERENCES

List individuals most familiar with your skills and qualifications. Do not list relatives or supervisors already identified on this application.

Name _____	Occupation _____
Address _____	Years Known _____
City _____ State _____ Zip _____	____ Business Address ____ Home Address
Telephone (____) _____	____ Business Phone ____ Home Phone

Name _____	Occupation _____
Address _____	Years Known _____
City _____ State _____ Zip _____	____ Business Address ____ Home Address
Telephone (____) _____	____ Business Phone ____ Home Phone

Name _____	Occupation _____
Address _____	Years Known _____
City _____ State _____ Zip _____	____ Business Address ____ Home Address
Telephone (____) _____	____ Business Phone ____ Home Phone

RESIDENCE RECORD

Our background checking procedures require addresses for the previous five (5) years. Use back of form if necessary.

Address _____ From: _____ To: _____

City _____ State _____ Zip _____

Address _____ From: _____ To: _____

City _____ State _____ Zip _____

Address _____ From: _____ To: _____

City _____ State _____ Zip _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application may be grounds for rejection of this application or dismissal from employment if subsequently discovered.

I authorize Five Rivers Health Center to make inquiries, which may provide background regarding my character, general reputation, and past work performance. I hereby authorize Five Rivers Health Center to inquire and authorize and request each former employer, educational institution, persons, governmental and law enforcement agencies to answer all questions, which may be legally asked, and to release all information, which may be legally sought. I hereby release all parties from any liability or responsibility for doing so.

I understand that as an applicant for employment with Five Rivers Health Center, I will be required to undergo drug testing and a physical exam as part of the application process.

I hereby acknowledge that any employment relationship with Five Rivers Health Center is of an "at will" nature, which means that the Employee may, at any time, terminate employment and the Employer may discharge the Employee, at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed, either orally or in writing, by any Agent of the Agency.

If hired, I agree to comply with all rules, regulations, and employment policies of Five Rivers Health Center.

Signature: _____ Date: _____