

**APPLICATION FOR EMPLOYMENT  
SHAWNEE FAMILY HEALTH CENTER**

Human Resources Office

P.O. Box 1507

Portsmouth, OH 45662

**Phone: (740) 354-7702 Fax: (740) 353-1662**

The Shawnee Family Health Center (SFHC) is committed to providing equal employment opportunities to all prospective and current employees on the basis of individual qualifications, experience and SFHC need. Discrimination based on race, age, sex, religion, national origin, disability, color, ancestry, military status, sexual orientation, gender identity, genetic information, or other protected class will not be tolerated. Applicable state and federal laws, in addition to rules and regulations governing fair employment practices, will be followed.

All applicants identified for employment with the SFHC will undergo (pre-employment/post-offer) testing for the presence of illegal drugs as a condition of employment. Any employment offer will be contingent upon satisfactory completion of a drug test. Because of requirements imposed by the Ohio MHAS, certain positions at SFHC require a physical examination following an offer of employment for such positions with annual physicals thereafter. A failure to receive a satisfactory fitness for duty report from the examining physician, may result in withdrawal of the offer of employment, or discharge. You may elect not to apply for these positions and no post offer physical examination will be required and you will be considered for all other available positions for which you qualify without further inquiry.

Submission of this application form does not indicate that there are any position vacancies, nor does it in any way obligate the SFHC. Failure to complete the application in its entirety may be cause for exclusion of employment consideration. Falsification of information on the application may result in exclusion of employment consideration or immediate discharge from employment.

**PERSONAL INFORMATION**

Full Name (Last, First, Middle): \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you 21 years of age or older?  Yes  No

Telephone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Have you ever worked here before?  Yes  No

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code County of Residence

Are you legally eligible to work in the U.S.?  Yes  No If no, indicate your visa status: \_\_\_\_\_

(Note: All prospective employees must submit proof of identity and eligibility for employment in the U.S.)

Do you have relatives working here?  Yes  No If yes, who? \_\_\_\_\_

Do you possess a valid drivers license?  Yes  No License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_ DATE YOU ARE AVAILABLE FOR WORK: \_\_\_\_\_

1. \_\_\_\_\_ Salary Expected: \_\_\_\_\_

2. \_\_\_\_\_ Salary Expected: \_\_\_\_\_

3. \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Are you willing to work weekends, on-call, and/or holidays as SCHEDULED?  Yes  No

Please indicate employment you would accept:  Full-Time  Part-Time  Temporary

If Part-Time, indicate days and hours available for work: \_\_\_\_\_

**EDUCATION INFORMATION:**

**High School Education**      *You may be required to submit a copy of your diploma or GED certificate*

School Name: \_\_\_\_\_  
Address: City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you Graduate:  YES  NO if no, have you passed a GED test?  YES  NO

**Undergraduate Education**      *You may be required to submit a transcript or obtain an official copy of degree*

School Name: \_\_\_\_\_  
Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
Years Attended: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_

**Graduate Education**      *You may be required to submit a transcript or obtain an official copy of degree*

School Name: \_\_\_\_\_  
Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
Years Attended: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_

**PROFESSIONAL LICENSES (if applicable):**

State:	License #:	Type:	Issue Date:	Expiration Date:	Currently practicing?	Ever been suspended or revoked?
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**MILITARY SERVICE:**    Branch: \_\_\_\_\_    Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Military  
Education/Training/Experience: \_\_\_\_\_  
Job Title/Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**PROFESSIONAL AND EMPLOYMENT REFERENCES (do not list relatives or former supervisors):**

List three individuals who have knowledge of your qualifications and fitness for the position for which you are applying and who may be contacted during the recruiting process.

NAME	JOB TITLE/COMPANY	ADDRESS	DAYTIME PHONE #
1. _____			
2. _____			
3. _____			

# WORK HISTORY

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

1. EMPLOYER:		ADDRESS:	PHONE NUMBER:
DATE OF EMPLOYMENT:	STARTING SALARY:	SALARY ON LEAVING:	
DATE LEFT:	STARTING POSITION:		
	POSITION ON LEAVING:		
NAME/TITLE OF SUPERVISOR:			
REASON FOR LEAVING:			
DESCRIPTION OF DUTIES:			
2. EMPLOYER:		ADDRESS:	PHONE NUMBER:
DATE OF EMPLOYMENT:	STARTING SALARY:	SALARY ON LEAVING:	
DATE LEFT:	STARTING POSITION:		
	POSITION ON LEAVING:		
NAME/TITLE OF SUPERVISOR:			
REASON FOR LEAVING:			
DESCRIPTION OF DUTIES:			
3. EMPLOYER:		ADDRESS:	PHONE NUMBER:
DATE OF EMPLOYMENT:	STARTING SALARY:	SALARY ON LEAVING:	
DATE LEFT:	STARTING POSITION:		
	POSITION ON LEAVING:		
NAME/TITLE OF SUPERVISOR:			
REASON FOR LEAVING:			
DESCRIPTION OF DUTIES:			
4. EMPLOYER:		ADDRESS:	PHONE NUMBER:
DATE OF EMPLOYMENT:	STARTING SALARY:	SALARY ON LEAVING:	
DATE LEFT:	STARTING POSITION:		
	POSITION ON LEAVING:		
NAME/TITLE OF SUPERVISOR:			
REASON FOR LEAVING:			
DESCRIPTION OF DUTIES:			

Have you had any employment other than listed above?  YES  NO May we contact the employers listed above?  YES  NO  
If no, indicate by number which one(s) you do not wish us to contact: 1 2 3 4  
Reason(s):

In order for the family health center to verify your work and educational records, it is important for us to know if any of your records would be under another name. If so, please explain:

Have you ever been convicted of a felony?  YES  NO (Conviction will not necessarily disqualify an applicant for employment.) If so, describe in full (include dates, locations, types and dispositions):

**IF YOU ARE APPLYING FOR A CLERICAL POSITION, PLEASE COMPLETE THE FOLLOWING:**

Medical terminology  Yes  No      Medical transcription  Yes  No

Computer skills  Yes  No      Keyboarding  Yes wpm: \_\_\_\_\_  No

List computer software skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receptionist/switchboard skills: \_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information you consider important but which is not requested in the application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW WERE YOU REFERRED TO THE FAMILY HEALTH CENTER?**

- CLASSIFIED ADVERTISEMENT       AGENCY / WEBSITE       SFHC EMPLOYEE       OTHER

**PLEASE READ CAREFULLY BEFORE SIGNING:** I certify that the information on this application for employment is true and complete to the best of my knowledge. I understand that any misleading or incorrect statements may render this application void and would be sufficient cause for termination in the event of employment. I understand that prior to final acceptance for employment, I may be required to pass a finger printing background check, as well as medical tests, including drug testing, given at the discretion of SFHC. Should I accept employment with SFHC, Inc., I hereby agree that it would be with the understanding that I will abide by the policies and procedures of the Agency.

As an applicant for a position with SFHC, Inc., I hereby authorize SFHC to conduct an investigation of my past, I further authorize all current and/or past employers to release any information, including investigations which are not of record, to SFHC. I release all persons who disclose such information from any liability. I understand that any offer of employment is contingent upon a completed background check.

As an applicant I give my consent to undergo a drug test and to the collection of a urine sample for designated testing for the purpose of detecting the presence of narcotics and other drugs, as well as signs of abuse of legal drugs. I consent to the release of any medical records related to the drug test to SFHC. I agree to not file or pursue any complaints, claims or legal actions of any kind against SFHC or any of its employees, representatives, or agents arising out of their activities or actions performed in connection with drug testing.

I understand that employment at this Agency is AT WILL which means that either I or Shawnee Family Health Center can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. All employment is continued on that basis. I understand that no supervisor, manager or director of this Agency, other than the Chief Executive Officer, has any authority to alter the foregoing.

As specified in the Immigration and Reform Control Act of 1986, if I am offered employment, I am aware that I will be required to prove my identity and verify my eligibility to work in the United States.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**Date**