

# Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex 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:	Date of Application:
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle
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Address	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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Emergency Contact Name	Emergency Contact Telephone Number(s)
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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 date \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  YES  NO  
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to 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

Have you been convicted of a felony within the last 7 years?  YES  NO

If yes, please explain:

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# Employment Application

Employer:	Date from	Employed To	Responsibilities:
Address:			
Telephone #	Hourly Rate/Salary		
Job Title                      Supervisor	Starting	Last	
Reason for Leaving			

  

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### Education

	Name and Location Of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College #1				
College #2				
Trade School				

### References

Please give three references not related to you whom you have known for at least 3 years.

Name	Address	Business	Years Known	Phone Number

Summarize Special Skills and Qualifications: (use additional page if necessary)


I certify that the answers given here in 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 employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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 is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge employee at anytime 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 acknowledged in writing by an authorized executive of this organization.

In addition, as set forth in the Employee handbook, all claims, disputes and controversies of any kind whatsoever, between you and Haven, including but not limited to, those arising out of, or related to your employment with Haven, or the termination of that employment, may be submitted to binding arbitration, at the discretion of Haven, to the fullest extent permitted by law.

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 that I am required to abide by all rules and regulations of the employer. I acknowledge the employer's right to change or eliminate rules, regulations, wages, hours or benefits at their option.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Voluntary Self Identification Form  
**Haven Health is an Equal Opportunity Employer**

**The EEOC recommends that when an employer invites employees to self-identify it explain that “the employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.”**

**Name:**

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

**Position applied for:** \_\_\_\_\_

Please check all that apply:

Sex  M  F

Race or Ethnic Identity:

White (not Hispanic or Latino)  Black or African American (not Hispanic or Latino)  Latino or Hispanic

Asian (not Hispanic or Latino)  Native Hawaiian or Pacific Islander (not Hispanic or Latino)  Other

American Indian or Alaskan Native (not Hispanic or Latino)  Two or More Races (not Hispanic or Latino)

I do not wish to self-identify Signature: \_\_\_\_\_