



976 Mountain City Hwy, Elko Nevada 89801  
Phone: 775-777-7587 Fax: 775-738-9584

### EMPLOYMENT APPLICATION

(Please Print)

#### PERSONAL INFORMATION

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

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address if different from present address: \_\_\_\_\_

#### EMPLOYMENT INFORMATION

Position applying for:  Provider  Front Desk  Medical Assistant/Radiology Tech  Housekeeping

Are you applying for?  Full-time work  Part-time work  Per Diem (as needed)

What days and hours are you available for work? \_\_\_\_\_

Are you available for work on weekends?  Yes  No

Are you available for work on holidays?  Yes  No

Would you be available to work overtime, if necessary?  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Hourly salary desired: \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your current employer?  Yes  No

Are you legally able to work in this country? (proof will be required)  Yes  No

Who referred you to A+ Total Care?

- Website  Newspaper advertisement  Friend  Walk-in  Facebook

**EDUCATION, TRAINING AND EXPERIENCE**

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

Do you speak, write or understand any foreign languages?  Yes  No

If Yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you believe make you especially suited for work at A+ Total Care? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Answer the following questions if you are applying for a professional position.**

Are you licensed/certified for the job applied for?  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_ License/Certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If Yes, state reason(s), date of revocation or suspension and date of reinstatement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS**

Name of Employer: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS – (continued)**

Name of Employer: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Below give the names of three persons you are not related to, whom you have known at least one year.

Name	Phone Number	Years Acquainted
1.		
2.		
3.		

Have you ever been convicted of a felony?  Yes  No

If "Yes", explain (this will not necessarily exclude you from consideration): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 the company 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 the company 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 the company, 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 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 the company. 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 the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_