**Agape Family Health Center**

**Application**

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to comply with all applicable federal, state and local laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

ADA Statement: It is our policy to provide “reasonable accommodation” to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws**.**

# What position are you applying for?

**Tell us about yourself:**

Name LAST First Middle

Address Number Street City State ZIP

Telephone Number ( ) Are you over 18 years old?  Yes  No E-mail Address

Social Media Handles (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the***

***United States. All offers of employment are subject to verification of the applicant’s identity and employment authorization. It will be necessary to submit such documents as are required by law to verify your identification and employment authorization upon employment.***

|  |  |  |
| --- | --- | --- |
| Are you authorized to work in the U.S. on an unrestricted basis? |  Yes |  No |
| Have you been told the essential functions of the job or have you been shown acopy of the job description listing the essential functions of the job? |  Yes |  No |
| Can you perform these essential functions with or without reasonableaccommodation? |  Yes |  No |

# Date available to start:

**Desired wage or salary:** $ per

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you ever been convicted of a felony?** |  Yes |   No |  |
| *Conviction will not necessarily disqualify an applicant for employment. If yes, please state nature of offense, dates, and disposition on back.*  |  |  |
| **Education and Training:** |  |  |
|  | **Name & Location** | **Graduated?** | **Ma** | **jor** | **Diploma/Degree** |
| **High School** |  |  |  |  |  |
| **College/Univ/Trade** |  |  |  |  |  |
| **College/Univ/Trade** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

# Certifications/Licenses:

**Professional Employer References:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Dates Known** | **Relationship** | **Telephone No.** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

**Work History (Please attach updated copy of your resume)**

##  May we contact your present employer? Yes No

##  Have you ever been terminated from a position? Yes No

|  |  |
| --- | --- |
| **Most Recent Employer** | **Position:** |
| **Start Date:** | **End Date:** | **Supervisor Name:** |
| **Address:** | **City/State:** | **ZIP** | **Telephone:** |
| **Starting Salary:** |  | **Starting Position:** |  | **Reason for Leaving:** |
| **Ending Salary:** |  | **Last Position:** |  |

|  |  |
| --- | --- |
| **Employer Name:** | **Position:** |
| **Start Date:** | **End Date:** | **Supervisor Name:** |
| **Address:** | **City/State:** | **ZIP** | **Telephone:** |
| **Starting Salary:** |  | **Starting Position:** |  | **Reason for Leaving:** |
| **Ending Salary:** |  | **Last Position:** |  |

|  |  |
| --- | --- |
| **Employer Name:** | **Position:** |
| **Start Date:** | **End Date:** | **Supervisor Name:** |
| **Address:** | **City/State:** | **ZIP** | **Telephone:** |
| **Starting Salary:** |  | **Starting Position:** |  | **Reason for Leaving:** |
| **Ending Salary:** |  | **Last Position:** |  |

**Applicant’s Certification and Agreement**

The information that I have provided on this application for employment is true and complete to the best of my knowledge. I understand that any false statements, omissions or misstatements can be justification for refusal of employment, or if employed, result in termination of employment.

I authorize this medical center to make an investigation of any of the facts set forth in this application, including obtaining a consumer report that includes credit and criminal history, and release from any liability both the medical center and those who supply reference information and/or verification.

I understand and agree that this medical center reserves the right to establish and change any of the terms and conditions of my employment at its discretion at any time, as it deems appropriate.

I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening or medical examination at any time at the request of this medical center. I hereby consent to having the results of any alcohol or drug screening or medical examination I may be required to undergo disclosed to the medical center’s owners or managers.

I authorize this medical center to release any and all information about myself, my employment record, or my employment status to any individual or organization the medical center deems worthy of receiving such information. Also, I release all parties from all liability for any damages that may result from furnishing this information.

I certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the previsions of this authorization, certification, and agreement.

# I HAVE READ THE ABOVE STATEMENTS BEFORE SIGNING:

**Date:**

**Applicant’s Signature:**

**Applicant’s Name (Print):**