



HealthLand Family Practice
 2339 Cleveland Ave • Columbus OH • 43211

EMPLOYMENT APPLICATION

HealthLand Family Practice is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate on the basis of race, color, creed, national origin, religion, age, sex, marital status, sexual preference, or disability, except where a reasonable, bonafide occupational qualification exists.

Name _____
Last First M.I. Former

Address _____
Street City State Zip Code

Phone Number (H) (_____) _____ (C) (_____) _____

Social Security # _____

Position for which you are applying: _____

What days/hours are you available to work?

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							

Which employment options would you consider? Full time Part time Contingent

PERSONAL BACKGROUND

In order to protect the safety of our customers, as well as to comply with state regulations, **HealthLand Family Practice** conducts thorough background checks on each of our employees. Please answer the following questions to determine if you would meet the employment requirements of **HealthLand Family Practice**.

1. Have you ever been convicted of a felony? YES NO

If yes, please explain _____

2. Have you ever been accused of physically or sexually abusing another person? YES NO

If yes, please explain _____

3. Can you, after employment, provide proof of citizenship (driver's license, social security card, birth certificate, etc) or proof of your legal right to work in the U.S.? YES NO

4. Do you have a valid Ohio driver's license with fewer than 6 points? YES NO

5. Have your driving privileges ever been suspended, revoked, or denied? YES NO

If yes, please explain _____

6. Do you have a high school Diploma, or GED certificate? YES NO

7. Do you have, and can you maintain a safe, reliable automobile to use for transporting customers? YES NO

8. Do you currently have, or would you be willing to obtain liability insurance on your automobile? YES NO

Please list here any moving traffic citations you have received in the past three years (make sure to note city, state and date of citation). _____

EDUCATION AND TRAINING

High School _____ City _____ State _____ Year _____ Graduated or GED
Circle one

College or University _____ City _____ State _____ Degree Received _____

Major or relevant Coursework _____

List any other relevant training, certificates, and/or licenses you have obtained _____

WORK EXPERIENCE

List all work experience for the past five (5) years.

Employer _____ May we contact? ___ Yes ___ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of employment: From _____ to _____

Employer _____ May we contact? ___ Yes ___ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of employment: From _____ to _____

Employer _____ May we contact? ___ Yes ___ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of employment: From _____ to _____

Employer _____ May we contact? ___ Yes ___ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of employment: From _____ to _____

Employer _____ May we contact? ___ Yes ___ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of employment: From _____ to _____

Employer _____ May we contact? ___ Yes ___ No

Address _____ Phone _____

Description of responsibilities _____

Supervisor _____ Dates of employment: From _____ to _____

REFERENCES

Please list three references:

1. **Name** _____ Relationship _____

Address _____ Phone _____

2. **Name** _____ Relationship _____

Address _____ Phone _____

3. **Name** _____ Relationship _____

Address _____ Phone _____

AUTHORIZATION TO CHECK REFERENCES AND VERIFY APPLICATION

I, _____, give my permission **HealthLand Family Practice** to contact all of my former employers, education/training facilities, persons listed as references, and other contacts as noted in this application to determine my qualifications and suitability for the position(s) for which I am applying. I hereby release said individuals, companies, agencies, and/or institutions from any liability for, and damage whatsoever resulting from, providing such information.

Signature _____ Date _____

ASSURANCES

Directions:

- 1. Read the following statements,
- 2. Place your initials by each paragraph assuring that you have read, understood, and agreed to the statements within, and
- 3. Sign and date the bottom line. If you have any questions, please ask.

_____ I assure that all information I have provided in this application is correct and complete to the best of my knowledge. I understand that if I am hired, having provided false or misleading information may result in termination of employment.

_____ I give my permission to **HealthLand Family Practice** to contact all of my former employers, education or training facilities, and persons listed as references to determine my qualifications and suitability for the position(s) for which I am applying. I hereby release said individuals, companies, agencies, and/or institutions from any liability for, and damage whatsoever resulting from, providing such information.

_____ I give my permission to **HealthLand Family Practice** to obtain a copy of my driving record to determine if I have a history of safe vehicle operation. I understand that if I am hired, a safe driving record is a requirement for continued employment.

_____ I give my permission to **HealthLand Family Practice** to obtain a criminal records check from the Ohio Bureau of Criminal Identification and Investigation, if I have resided in the State of Ohio for the past five years, and from the Federal Bureau of Investigation if I have resided out-of-state. I give my permission to **HealthLand Family Practice** to obtain a check of my residences for the past five years and a Franklin County arrest record check from the Federal Adjustment Bureau. I understand that if I am hired, a clean criminal record in compliance with Ohio Administrative Code 5123:2-12-02 is a requirement for continued employment.

_____ I understand that given the nature of the services that **HealthLand Family Practice** provides, I may at times be required to work overtime hours, or hours outside a normally defined work day or work week.

_____ I understand that if I am hired, my employment status will be on an at-will basis. This means that I may voluntarily leave employment for any reason, and that **HealthLand Family Practice** may terminate employment of any employee at any time for any reason. Furthermore, I understand that my continued employment is based on the wishes of the consumers **HealthLand Family Practice** serves, continued funding of said services, and my ability to continue to meet the needs of the consumer and the Company.

_____ I understand that given the nature of the services **HealthLand Family Practice** provides, I will be prohibited from using illegal drugs for the duration of my employment with **HealthLand Family Practice**. I understand that **HealthLand Family Practice** performs random drug testing, and I give permission to be subject to testing upon the request of management any time during the duration of my employment. This means that I will be paid my hourly wage during the time required for testing, and the cost of testing will be covered by **HealthLand Family Practice**.

_____ I assure that I am 18 years of age or older.

I hereby swear or affirm that the answers I have given and the statements I have made in this application are complete and true to the best of my knowledge and belief.

Signature of Applicant _____ Date _____