



Valley Health Associates Employment Application

APPLICANT INFORMATION												
Last Name					First				M.I.	Date		
Street Address								Apartment/Unit #				
City					State				ZIP			
Phone					E-mail Address							
Date Available				Social Security No.				Desired Salary				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Authorize a pre-employment drug screen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
EDUCATION												
High School					Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
College					Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
Other					Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
REFERENCES												
<i>Please list three professional references.</i>												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

LICENSES/CERTIFICATIONS

Please list All Types of certifications and Licenses

Certification/Credential/License Type	Certification/Credential/License Number

SPECIAL SKILLS- PLEASE LIST PERTINENT SKILLS

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

ADMINISTRATION USE ONLY

Date of Interview: _____ *Interviewed by:* _____
Comments: