

**AVON HEALTH CENTER**

652 West Avon Road

Avon, CT 06001

**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

It is the policy of this facility to fully comply with all Federal and State laws governing fraud and abuse in health care programs and to expect all employees, contractors and consultants to conduct themselves in an ethical and responsible manner.

Federal and State laws prohibit discrimination in employment. Applicants are considered for employment without regard to race, color, religion, age, sex, marital status, national origin, ancestry, physical or mental disability, sexual orientation, veteran's status, genetic predisposition or any other legally protected class.

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Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Telephone #: Home \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ Beeper \_\_\_\_\_

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Position applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Regular [ ] Temporary [ ] Per Diem [ ] Full-time [ ] Part-time [ ]

Date you would be available: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Other fields of occupation in which you might be interested: \_\_\_\_\_

Have you ever applied here before?

Yes [ ] No [ ] If yes, indicate for what position and when: \_\_\_\_\_

Are you employed at present? Yes [ ] No [ ]

If employed at present, may we inquire of your present employer? Yes [ ] No [ ]

If hired, will you be able to prove your ability to legally work in the United States? Yes [ ] No [ ]

If hired, will you be able to perform all the essential functions of the job with or without reasonable accommodation? Yes [ ] No [ ]

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If applying for a position that requires a professional license or registration to perform the job, please complete the following:

Type \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Do you have any other licenses pertaining to this position? Yes [ ] No [ ]

If yes, please indicate \_\_\_\_\_

Has your license or registration ever been suspended? Yes [ ] No [ ] If yes, provide date and reason: \_\_\_\_\_

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If applying for a position that requires a driver's license, please complete the following:

Do you have a driver's license? Yes [ ] No [ ] License # \_\_\_\_\_

Type or class of driver's license \_\_\_\_\_ Exp. Date \_\_\_\_\_

Has your driver's license ever been suspended? Yes [ ] No [ ]

**EDUCATION**

Education & Training	Name of School & Town/State	Number of Years	Did you Graduate?	Date Completed	Course of Study
Last Grammar or High School Attended					
College					Degrees: Major/Minor
Business, Technical, Vocational school					
Do you have plans for future schooling?					

**EMPLOYMENT**

Begin with your current or most recent employment. Include all periods of military service. If you have no prior employment record, please list school and personal references in this section.

Name of Company	Dates Employed	Salary	Reason for Leaving
Address			
Job Title	Department Name	Immediate Supervisor's Name	
Duties and Responsibilities			

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Job Title	Department Name	Immediate Supervisor's Name	
Duties and Responsibilities			

**Applicant's Statement**

- I understand that any employment offer will be contingent upon the facility's receipt of satisfactory references, a satisfactory physical examination, a criminal background check and to my submitting documentary proof of my identity and eligibility to legally work in the United States.
- I understand that if employed, I will be an "employee-at-will", which means that both the Company and I can terminate my employment at any time, for any reason consistent with applicable state and federal law.
- I understand that this application is not a contract of employment.
- I understand that the Company may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and employers named therein, except my current employer if so noted, to provide any information requested about me, and I release all parties involved from any and all liability arising out of the release of this information.
- I certify that I am under no contractual obligations that would preclude me from working for the facility.
- I further certify that all the statements herein are true and understand that any falsification or material omissions may result in refusal of employment, or, if hired, may result in termination of employment.

Applicant's Signature \_\_\_\_\_

**AVON HEALTH CENTER**  
652 West Avon Road  
Avon, CT 06001  
Phone: (860) 673-2521 Fax: (860) 675-1587

**Reference Request**  
(Applicant Please Fill Out Top Portion)

Reference Name and Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

I hereby release from all liability, the company or person above, and authorize to release all information regarding my employment with them.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The above named personal has made application to: AVON HEALTH CENTER and is being considered for the position of \_\_\_\_\_. Please complete the applicable section below and either mail or fax back to us. Your prompt attention is appreciated, as employment is pending. All information will be held in strict confidence. Thank you.

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**Employment Reference**

**Character Reference**

Dates Employed: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Position: \_\_\_\_\_

Character: \_\_\_\_\_

Quality of Work: \_\_\_\_\_

Dependability: \_\_\_\_\_

Dependability: \_\_\_\_\_

Ability to get along with others: \_\_\_\_\_

Absenteeism: \_\_\_\_\_

\_\_\_\_\_

Interpersonal Skills: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you rehire? \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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Applicant's Name (Printed)

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Absenteeism: \_\_\_\_\_

\_\_\_\_\_

Interpersonal Skills: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you rehire? \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature and Title

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