



NORTHEASTERN RURAL HEALTH CLINICS, INC.

Quality healthcare... Your choice, Our commitment.

EMPLOYMENT APPLICATION

Northeastern Rural Health Clinics is an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

BACKGROUND INFORMATION

Last Name		First	Middle	Date of Application
Street Address				Home Phone ()
City, State Zip				How Long at Present Address?
Were you previously employed by this organization? <input type="checkbox"/> Yes, Date(s): Department: <input type="checkbox"/> No			Social Security No.	
Have you previously applied for work to this organization? <input type="checkbox"/> Yes, Date(s): <input type="checkbox"/> No			Driver's License No. (If applicable)*	
Position Applying For:				Wages Desired:
Check the following options which you would consider: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		In case of emergency notify:		Phone: ()
				Date available for work:

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
APPRENTICE SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any other education, training, special skills or certificates, that you possess which are relevant to the position for which you have applied:

List any machines or equipment that you are qualified and experienced at operating which are relevant to the position for which you have applied:

*Applicable only if job for which you have applied may require driving a motor vehicle.

ADDITIONAL EMPLOYMENT - RELATED INFORMATION

	NAME	RELATIONSHIP
List any relatives or friends working for this organization:	_____	_____
	_____	_____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? Yes No

If you are under 18, are you able to furnish a work permit? Yes No

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Yes No

If "yes", please describe in detail:

(A conviction record will not necessarily be a bar to employment.)

Additional Remarks:

APPLICANT'S CERTIFICATION - Please read carefully before signing.

Please read and understand the following before signing:

I authorize Northeastern Rural Health Clinics, to conduct an investigation of my application. I agree to submit to a pre-employment offer urinalysis. I understand that the purpose of the urinalysis is to detect the presence of alcohol and non-prescription drugs.

Drug Testing

An offer of employment will be withdrawn from any person whose urinalysis test results show "positive" or "dilute". Such person may re-apply after six months and be considered for employment on the same basis as any other new applicant. Any detected attempt to alter or tamper with a urine specimen will be reported to Northeastern Rural Health Clinics and will result in permanent disqualification of the applicant from consideration for employment. Further, any inability, after a reasonable period of time, or refusal to provide a urine specimen will also result in such disqualification.

References

I understand that it is the policy of Northeastern Rural Health Clinics to seek references from prior employers. I understand that if Northeastern Rural Health Clinics cannot contact my prior employers or they refuse to provide a reference, I may not be considered for employment.

Accuracy Of Application and Future Documents

I certify that I have read all of this application and that the information provided in this application is correct to the best of my knowledge. I understand that falsification of or misleading information furnished by me in this application process for employment may result in rejection of the application or if employed by Northeastern Rural Health Clinics, in the termination of my employment. I also understand that an incomplete application will not be considered. I further understand that falsification of any information on any company document after I am hired may result in my termination of employment.

Employment At-Will

I understand that an offer of employment can be withdrawn by Northeastern Rural Health Clinics at any time. In consideration of any employment, I agree to conform to the rules and regulations of Northeastern Rural Health Clinics. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Northeastern Rural Health Clinics or myself. I understand that no representative of Northeastern Rural Health Clinics, except the Chief Executive Officer, has any authority to enter into any agreement for any specified time or to make any agreement contrary to the foregoing.

Applicant's Signature	Date
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