

CLINCH RIVER HEALTH SERVICES, INC.

APPLICATION FOR EMPLOYMENT

17285 Veterans Memorial Hwy
Dungannon, VA 24245

Phone: 276-467-2201
Fax: 276-467-2673

PERSONAL INFORMATION			Date
Name (Print) _____		Home or Nearest Phone _____	
Present Address _____		Social Security No. _____	
(City) _____	(State) _____	(Zip) _____	
Contact in Case of Emergency _____		_____	
(Name)		(Telephone Number)	
If at present address less than one year, please give previous address _____			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (Employment is subject to verification of minimum legal age.)			
Can you produce documented proof of your identity and eligibility for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Examples: driver's license, Social Security card, birth certificate, and / or immigration documents)			

Position(s) applied for _____ How soon could you report to work? _____

Type of employment desired Full-Time Part-Time Temporary Rate of pay expected _____

What days and hours, if part-time? Days _____ Hours _____

From () AM to () PM

EDUCATION

Type of School	Name and Address of School	Courses Majored In	Check Last Year Completed	Graduate? Show Degree
Elementary/Middle			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

Have you applied for a job with us before? Yes No Have you ever worked for us before? Yes No

How did you come to apply? Employee Referral Former Employee Newspaper Ad High School Recruitment
 College Recruitment Walk-In Other _____

Have you ever been bonded? Yes No Have you ever been refused a bond Yes No

If yes, state reason and date _____

Have you ever been convicted of a violation of the law except a minor traffic violation? Yes No If yes, state date, court, and place where offense occurred _____
(A conviction will not necessarily disqualify you from employment)

Have you ever been discharged or requested to resign from a position? Yes No

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

Have you ever held a position of trust (handling money or confidential material)? Yes No

If yes, describe _____

Do you have any reason to believe that you would have difficulty meeting this company's work schedules? Yes No

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, genetic information, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S. or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

Clinch River Health Services is an Equal Opportunity Employer

PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)

1. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name and Address of Former Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application. _____

REFERENCES
(Do not list relatives or former employers)

Name	Address	Telephone

Job Applicant's Agreement and Certification

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."

"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures."

"I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time."

"I understand that this application will be kept on active file for _____ days from the date completed, after which time I would have to reapply in accordance with established company procedures."

(Signature of Applicant) _____
(Date)

Notice to Applicants

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job functions, please make that fact known to the individual processing your application.

Signature

Date

FORM EEO-5B
Revised 10/2006

© 2012 SESCO Management Consultants - All right reserved. This personnel form may not be reproduced, stored in a retrievable system or transmitted, in whole or in part, in any form by any means electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher.



P. O. Box 1848 - Bristol, TN. 37621
(423) 764-4127 Fax (423) 764-5869
www.sescomgt.com

Applicant Agreement

If an offer of employment is made, I agree to submit to a medical examination and / or a drug test, and I understand that my subsequent employment will be contingent on the results of the medical examination and / or drug test.

I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers' compensation claim history, and that all such information will be retained by the examining physician in his/her confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

Signature

Date

FORM EEO-5A
Revised 10/2006

© 2007 SESCO Management Consultants - All right reserved. This personnel form may not be reproduced, stored in a retrievable system or transmitted, in whole or in part, in any form by any means electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher.



P. O. Box 1848 - Bristol, TN. 37621
(423) 764-4127 Fax (423) 764-5869
www.sescomgt.com