

LIGHTHOUSE FAMILY HEALTH, PLLC

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PRINT NAME		Last	First	Middle	Date
PRESENT ADDRESS		Street & Number		City	State ZIP
TELEPHONE NUMBER		EMAIL ADDRESS		ARE YOU AT LEAST 18 YEARS OF AGE?	LIST ANY PREVIOUS NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED:
Home:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Work: Ext.					
POSITION DESIRED: (Please complete a separate application form for each position desired)				DATE AVAILABLE TO START EMPLOYMENT:	
Have you been convicted of a felony within the last 7 years? (If yes, Please explain)					
TYPE OF EMPLOYMENT DESIRED:				ARE YOU WILLING TO WORK OVERTIME?	
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
IN CASE OF EMERGENCY NOTIFY:				LIST ANY RELATIVES EMPLOYED BY THIS ORGANIZATION:	
Name:		Relationship:			
Telephone #:					
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?				IF HIRED, CAN YOU PRODUCE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?	
<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE DATE(S) OF EMPLOYMENT:				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Schooling	Name of School	Location	Course of Study	Graduate?	List degrees, certification, or number of hours
High school or GED				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade or technical school				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or university				Yes <input type="checkbox"/> No <input type="checkbox"/>	

WORK EXPERIENCE

LIST ALL FULL-TIME AND PART-TIME POSITIONS HELD FOR AT LEAST THE PAST 10 YEARS

NAME AND ADDRESS OF MOST RECENT EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr				<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:						
Reason for Leaving:						

NAME AND ADDRESS OF PREVIOUS EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr				<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:						
Reason for Leaving:						

NAME AND ADDRESS OF PREVIOUS EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr				<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:						
Reason for Leaving:						
NAME AND ADDRESS OF PREVIOUS EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr				<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties:						
Reason for Leaving:						

PROFESSIONAL REFERENCES

Name	Position/Relationship	Organization	Telephone
1.			
2.			
3.			

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

This organization is a drug-free workplace. I agree to undergo pre-employment drug testing. I understand the results of the testing will be disclosed only to HR.

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I authorize **Lighthouse Family Health, PLLC** to verify the accuracy of all information I have placed on this application and otherwise provided.

I understand that should investigation disclose any such misrepresentations or falsification, my application will be rejected and I will be declared ineligible for employment or will be dismissed after appointment.

I understand that **Lighthouse Family Health, PLLC** is an equal opportunity employer and that employee selection is based solely on the personal qualifications of applicants and their previous performance. In the event of my employment with **Lighthouse Family Health, PLLC** I will comply with all rules, regulations, and policies set forth in the **Lighthouse Family Health, PLLC** policy manual or other communications distributed by **Lighthouse Family Health, PLLC**.

I understand that nothing in this employment application, in **Lighthouse Family Health, PLLC's** policy statements or personnel guidelines, or in my communications with **Lighthouse Family Health, PLLC** is intended to create an employment contract between **Lighthouse Family Health, PLLC** and me. I also understand that **Lighthouse Family Health, PLLC** has the right to modify its policies without giving me any notice of the changes.

No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon **Lighthouse Family Health, PLLC** unless it is made in writing and signed by **Lighthouse Family Health, PLLC** management.

I understand that if an employment relationship is established, I have the right to terminate my employment at any time and for any reason. I also understand that **Lighthouse Family Health, PLLC** retains the right to terminate my employment at any time and for any reason.

My application will not be considered unless it is signed and all questions are answered. My signature will certify that I have read and that I understand all statements. If I am using electronic transmissions, the return of this completed application via electronic transmission will suffice as my signature as of the date sent.

Applicant Signature _____

Date _____