



**Heart of Ohio  
Family Health Centers**

**Employment Application**

**(Application must be completed in full even if attaching a resume)**

Applicants will receive consideration for positions without regard to race, color, religion, age, sex (except where sex is a bonafide occupational qualification), sexual orientation, marital status, individuals with disabilities, and equally to disabled veterans and veterans of the Vietnam Era.

***Clear and neat printing is important. Detail is important.***

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you at least 18 yrs old? \_\_\_\_\_

Are you legally eligible for employment in the USA? \_\_\_\_\_

(Documentation of eligibility is required within three days of employment)

Salary desired: \_\_\_\_\_

Employment status desired:      FT      PT      Either

Drivers License Number: \_\_\_\_\_

Do you have immediate and reliable transportation to work, even if called at a moment's notice?  Yes    No, if No, explain

Do you have work-time restrictions between 7:00 am to 8:00 pm, Monday – Saturday?  
If yes, explain

Do you have any relatives or friends who work for Heart of Ohio Family Health Centers?  
If yes, explain

Do you have any relatives or friends who work for a company that does business with Heart of Ohio Family Health Centers?  
If yes, explain

**Professional License Numbers**

Medical License & State	NPI
Nursing License & State	Other

**Board Certification**

Board Name	Date of Certification and Recertification(s)
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**Education**

Are you a high school graduate or have a GED?

**College or Advanced Education**

Yr Began	Name & Address, City, State & Zip	Phone
Yr End		
Major or Degree		
If not a Graduate, explain:		

**College or Advanced Education**

Yr Began	Name & Address, City, State & Zip	Phone
Yr End		
Major or Degree		
If not a Graduate, explain:		

**Residency**

Yr Began	Hospital Name & Address, City, State & Zip	Phone
Yr End		
Program Director		

**Additional Training**

Yr Began	Name & Address, City, State & Zip	Phone
Yr End		
Major or Degree		
Describe		

**Skills**

Summarize any special training, skills, licenses and /or certificates
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**Military Service**

Describe any service in the Armed Forces or National Guard		
Date Entered	Date Discharged	Discharge Type

**Work Experience**

List your work experience for your last four employers. If self-employed, give corporate or firm name.

**Most Recent Employer**

Name & Address, City, State, Zip		Name of Manager	
		Phone	
Date Began	Date End	Final Wage	Your Position Title
Skills learned, skills used, advancements or promotions while employed at this company			
Reason for leaving this employer		<b><i>MAY WE CONTACT THIS EMPLOYER?</i></b>	

**Prior Employer**

Name & Address, City, State, Zip			Name of Manager
			Phone
Date Began	Date End	Final Wage	Your Position Title
Skills learned, skills used, advancements or promotions while employed at this company			
Reason for leaving this employer <b>MAY WE CONTACT THIS EMPLOYER?</b>			

**Prior Employer**

Name & Address, City, State, Zip			Name of Manager
			Phone
Date Began	Date End	Final Wage	Your Position Title
Skills learned, skills used, advancements or promotions while employed at this company			
Reason for leaving this employer <b>MAY WE CONTACT THIS EMPLOYER?</b>			

**Gaps in Employment**

Explain any gaps in employment longer than three months (If desired, omit any reference which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)
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**Volunteer Work**

Describe any volunteer work you have performed: (If desired, omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

If yes, describe
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**References**

List three professional references; correct phone numbers are vital:

Name	Phone	Association	Email
Name	Phone	Association	Email
Name	Phone	Association	Email

Have you ever been convicted of a crime other than a minor traffic offense?

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentences(s) imposed, and type(s) of rehabilitation.

**Read Carefully**, Direct all question to the Human Resources / Risk Manager:

I understand that completion of this Employment Application does not guarantee that I have been or will be offered employment by Heart of Ohio Family Health Centers™. I understand that anything said during the application and/or interview process shall not be deemed to constitute the terms of an implied employment contract or promise of employment.

If my application for employment is considered, a verification of my previous employment and educational background will be conducted. I authorize Heart of Ohio Family Health Centers™ and/or its representatives to communicate with persons listed as references, former employers, and any others with whom are

deemed by the company or its representatives necessary to contact. I agree to hold such persons and businesses harmless with respect to any information they may give about me. I also agree to hold Heart of Ohio Family Health Centers™ harmless if such information is used as a basis to deny future or continued employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies and work rules and perform the duties of the position in accordance to the procedures and regulations established by Heart of Ohio Family Health Centers™.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with (as determined by the company) or which could reflect adversely on Heart of Ohio Family Health Centers™. I understand that I during my employment I will be required to disclose any issue of conflict of interest.

If employed, I agree to hold in strictest confidence any information concerning the patients, co-workers, policies, business strategy, financial matters, and any other information regarding the Company, which may come to my knowledge. I agree to sign and abide by the Confidentiality Agreement presented to me upon employment and periodically throughout employment.

I understand that any employment offered is for an indefinite duration and *at will* and that either I or Heart of Ohio Family Health Centers™ may terminate my employment at any time with or without notice or cause. I understand that no representative of the Company, other than the Chief Executive Officer, has the authority to enter into any agreement, verbal or written, for employment for any specified period of time or to make any agreement contrary to the foregoing.

I hereby affirm that my answers to the questions and comments made are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in this application may result in my denial of employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

If employed, I understand that I will be asked to take a pre-employment physical including a TB test and a ten panel drug screen urinalysis. The successful completion of this physical and tests will condition future or continued employment.

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Signature

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Date