

Application for Employment

Please answer all questions. Résumés are not a substitute for a completed application.

North Country Family Health Center (referred to hereafter as NCFHC) is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information, or any other category protected by applicable federal, state, or local laws.

NCFHC is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, NCFHC or employee may terminate the employment relationship at any time, for any reason, with or without cause or notice.

Personal Information

Date: _____

Name: _____ Present address: _____

Preferred daytime phone: _____ Secondary phone: _____ Email: _____

Position applying for: _____ Date you can start: _____ Rate of pay expected: _____

Do you want to work full-time/part-time?: _____ Are you authorized to work in the U.S.?: _____

Are you employed now?: _____ How did you learn of this opening?: _____

Have you worked for us before? If so, under what name & when: _____

If you were referred by one of our employees, who can we thank for referring you? _____

How many jobs have you held in the last three years? _____

Have you ever been terminated, suspended, or asked to resign from any job? _____ If yes, please explain:

Military Service Record

Are you a Veteran in the Armed Forces?: _____ If yes, what education and training did you receive in the military?:

Licenses/Certifications

List all New York State professional licenses, registrations, and/or certificates held, as applicable:

Have there every been any action/violation against your professional license?: _____ Dates: _____

Have you ever had or are you aware of any pending malpractice insurance claim(s) against you?: _____

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Have you ever been sanctioned by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) or the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state healthcare program? _____ If yes, please explain:

Have you ever been convicted of a crime?: _____ If yes, conviction details (excluding sealed or expunged records):

Educational Background

| School Name | Dates Attended | Degree Achieved | City/State |
|-------------|----------------|-----------------|------------|
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Work History:

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply business name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see résumé."

Current employer name & address: _____

Job title: _____ Rate of pay: _____

Dates worked: _____ Supervisor name & title: _____

May we contact your current employer?: _____

| Employer Name/Address | Dates Worked | Job Duties | Rate of Pay | Reason for Leaving |
|-----------------------|--------------|------------|-------------|--------------------|
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Work History, Continued:

| Employer Name/Address | Dates Worked | Job Duties | Rate of Pay | Reason for Leaving |
|-----------------------|--------------|------------|-------------|--------------------|
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Special Skills and Training

List any experiences, skills, or qualifications which you feel would qualify you to work with our organization.

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References

Give the names of three persons, not related to you that can act as your reference; preferably professional.

| | Reference 1 | Reference 2 | Reference 3 |
|--------------------|-------------|-------------|-------------|
| Name | | | |
| Organization/Title | | | |
| Phone | | | |
| Email | | | |
| Years known | | | |

Errors or Omission

By submitting this application, I certify that all information and answers on this application are true, correct, and complete. I understand and agree that any misrepresentation or omission on this application is sufficient cause for denial of my application and, if I am hired by NCFHC, discipline up to and including termination of employment upon discovery of the misrepresentation or omission. I hereby authorize NCFHC to investigate statements and information contained in this application. I understand that if I am hired by NCFHC, I am not guaranteed employment for a specific duration of time.

Certification & Agreement

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the NCFHC may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If NCFHC has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees, pursuant to NCFHC's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs.

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If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with NCFHC's policies and applicable federal, state, and local law.

If employed by NCFHC, I understand and agree that NCFHC, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations into property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

NCFHC is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, NCFHC or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee, or representative of NCFHC is authorized to enter into an agreement, express or implied, with me or any applicant for employment for a specified period of time unless such an agreement is in a written contract signed by the Executive Director of NCFHC. If hired, I agree to conform to the Policies and Procedures and the Code of Conduct of NCFHC, and I understand that NCFHC has complete discretion to modify such Policies and Procedures and the Code of Conduct at any time, except that it will not modify its policy of employment at-will.

I authorize NCFHC or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, and local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state, and/or local law. If applicable and allowed by law, I will receive separate written notification regarding NCFHC's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to NCFHC or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability NCFHC and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize NCFHC to provide truthful information concerning my employment to future employers and hold NCFHC harmless for providing such information.

If hired by this NCFHC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by NCFHC. I also understand NCFHC employs only individuals who are legally eligible to work in the United States.

This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.

I certify that all of the information that I have provided on this application is true, accurate, and complete.

Do not sign until you have read all of the information contained in the application.

Signature: _____ Date: _____

Interviewed: _____ Date: _____