



EMPLOYMENT APPLICATION

387 Quarry Street Suite 100
Fall River, MA 02723
Phone: 508-627-1283
Fax: 774-888-0042

HEALTHFIRST FAMILY CARE CENTER, INC. is an Equal Opportunity Employer (EOE) - Race, color, sex, creed, national origin, religion, physical or mental disability, age, military reserve membership, sexual orientation, marital status or other characteristics protected by federal, state, or local laws are not factors in hiring, promotion, compensation, termination or any other aspect of employment. HEALTHFIRST FAMILY CARE CENTER, INC. strives for a workplace free of unlawful discrimination and harassment.

Application Instructions: If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please read the Employment Application carefully, note “Not Applicable” if not answering a question(s) and print clearly because incomplete or illegible applications will not be processed. Please attach a resume to the Employment Application and ONLY complete Education and Training, Special Skills, and Employment History information that is NOT on your resume and indicate “Refer to Resume”.

Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract.

**Do not fill out any part of this employment application that you believe is non-job related.*

Please Print

Date: _____

Applicant Information

Name: _____

Current Address: _____

City/State: _____ Zip Code: _____

Telephone/Cell: () _____ Email: _____

Prior Address: _____

City/State: _____ Zip Code: _____

Are you authorized to work in the United States ? Yes No

Have you ever been employed by HEALTHFIRST FAMILY CARE CENTER, INC.? Yes No

Do you have any friends or relatives working for HEALTHFIRST FAMILY CARE CENTER, INC.?
 Yes No

If yes, state name and relationship: _____

How did you hear about us/this opening?

State briefly why you would like to work for HEALTHFIRST FAMILY CARE CENTER, INC.:

General Information About Employment Desired

Position you are applying for? _____ If hired, date you can start? _____

Category you prefer? Full-time Part-time Temporary

Schedule your available? Weekdays Weekends Evening Other _____

Hourly rate of pay or monthly salary desired: _____

If the job requires, do you have a valid driver's license and use of a personal vehicle? Yes No

Education and Training

	<u>School/Location</u>	<u>Course of Study/Degree Type</u>	<u>Graduated</u>
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College(s)/University(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates/Other			

Special Skills

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at HEALTHFIRST FAMILY CARE CENTER, INC.? Yes No If so, explain in detail below:

Professional Society Memberships: _____

Are you licensed, registered or certified in your profession? Yes No

Licenses (list states): _____

Use the space below to summarize other relevant experience, skills and background:

Employment History

**List all previous employers starting with your present or most recent position.*

Most Recent Employer: Are you currently working for this employer? Yes No

If yes, may we contact? Yes No

Name of company:	_____			
Name of supervisor:	_____			
Address:	_____			
	Street	City	State	Zip Code
Telephone Number:	()	_____		
Positions and Duties:	_____			
Dates of Employment:	_____			
Starting Rate of Pay:	_____	Ending Rate of Pay:	_____	
Reason for Leaving:	_____			

Second Most Recent Employer

Name of company:	_____			
Name of supervisor:	_____	May we contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:	_____			
	Street	City	State	Zip Code
Telephone Number:	()	_____		
Position and Duties:	_____			
Dates of Employment:	_____			
Starting Rate of Pay:	_____	Ending Rate of Pay:	_____	
Reason for Leaving:	_____			

Third Most Recent Employer

Name of company:	_____			
Name of supervisor:	_____	May we contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:	_____			
	Street	City	State	Zip Code
Telephone Number:	()	_____		
Position and Duties:	_____			
Dates of Employment:	_____			
Starting Rate of Pay:	_____	Ending Rate of Pay:	_____	
Reason for Leaving:	_____			

Professional References

**Include only individuals familiar with your work ability. Do not include relatives.*

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>

Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application. I also understand that my employment is dependent upon satisfactory completion of a background investigation. I hereby authorize my past employers and other firms, persons, corporations, and Government agencies to furnish HEALTHFIRST FAMILY CARE CENTER, INC. my records of employment, including job performance information unless otherwise stated. I understand that employment at the Company is "at will," which means either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by the statute. All employment is continued on that basis. My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

HEALTHFIRST FAMILY CARE CENTER, INC. Mission

The mission of HEALTHFIRST FAMILY CARE CENTER, INC. is to foster, through direct services and collaboration, high quality, comprehensive primary health care which meets the needs of a diverse community, regardless of age or income, and to provide access to health care to those who would not otherwise seek it.