



BETHEL FAMILY CLINIC

P.O. Box 1908

Bethel, Alaska 99559

Telephone (907)543-3773

Fax (907)543-3545

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Executive Director.

Position(s) applied for _____ Date of application ____/____/____

Name _____
Last First Middle

Address _____
PO Box City State Zip Code

Home Phone _____ Cell Phone _____ Work Phone _____

Social Security # _____ Email _____

If you are under 18, and it is required, can you furnish a work permit? (circle one) Yes No

If no, please explain _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain _____

Conviction will NOT necessarily be a bar to employment, each instance and explanation will be considered in relation to the position for which you are applying.

Driver's license number _____ State _____

Date available for work _____

Type of employment desired? Full Time Part Time Temporary

Skills and Qualifications: Summarize any training, skills, license and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Educational Background

High school _____	Name & Location	Year completed	GED or Diploma
College _____	Name & Location	Years completed	Major/ Degree
Other _____			

Employment History

Provide the following information for the past ten (10) years of employment, starting with the most recent.

Employer 1	Telephone Number	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Hr. Rate/Salary
		Start _____
		Final _____
Reason For Leaving		
Employer 2	Telephone Number	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Hr. Rate/Salary
		Start _____
		Final _____
Reason For Leaving		

References

Name	Telephone	Years known

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause of cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release liability from the employer and its representatives for seeking, gathering, and using such information from persons, corporations and organizations for furnishing such information. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law. This application is current for only sixty days at the conclusion of this time if I have not heard from the employer and still wish to be considered for employment it will be necessary to fill out a new application. If I am hired, I understand that I am free to resign at any time and the employer reserves the same right to terminate my employment. Resignation or termination can be done with or without cause and without prior notice, except as may be required by law. This application doesn't constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Signature of Applicant _____ Date _____