

# Elkhart Clinic

303 SOUTH NAPPANEE STREET  
ELKHART, INDIANA 46514  
574-296-3200  
www.elkhartclinic.com

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)  
(AN EQUAL OPPORTUNITY EMPLOYER)

This Application will be deemed to be incomplete  
unless every question is answered fully.

**This Application will be valid for 90 days.**

If you desire employment  
after this period, you must reapply.

DATE: \_\_\_\_\_

### PERSONAL INFORMATION:

<b>NAME</b>			<b>SOCIAL SECURITY NUMBER:</b>		
LAST	FIRST	MIDDLE			
<hr/>					
<b>PRESENT ADDRESS</b>					
STREET		CITY	STATE	ZIP	
<hr/>					
<b>PERMANENT ADDRESS</b>					
STREET		CITY	STATE	ZIP	
<hr/>					
PHONE NO. _____			<b>ARE YOU 18 YEARS OR OLDER?</b>	YES	NO
<hr/>					
<b>DO YOU PRESENTLY HAVE LAWFUL, UNEXPIRED AUTHORIZATION TO BE EMPLOYED BY ELKHART CLINIC IN THE UNITED STATES?</b>				YES	NO
<hr/>					

### EMPLOYMENT DESIRED:

<b>POSITION</b>			<b>DATE YOU CAN START</b>		<b>SALARY DESIRED</b>
<hr/>					
<b>ARE YOU EMPLOYED NOW?</b>	YES	NO	<b>IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?</b>	YES	NO
<hr/>					
<b>EVER APPLIED TO THIS COMPANY BEFORE?</b>	YES	NO			
<hr/>					
<b>WHEN?</b>			<b>REFERRED BY:</b>		
<hr/>					
<b>TYPE OF EMPLOYMENT DESIRED (Circle One):</b>			<b>FULL-TIME</b>	<b>PART-TIME</b>	<b>TEMPORARY</b>
<hr/>					
<b>ARE YOU WILLING TO WORK ANY SHIFT?</b>	YES	NO			
<hr/>					
<b>ARE YOU ON LAYOFF FROM ANOTHER EMPLOYER?</b>	YES	NO			
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HAVE YOU EVER BEEN ARRESTED OR CHARGED OR CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFIC OFFENSE (THIS INCLUDES NO CONTEST OR GUILTY PLEAS) YES NO

IF YES, EXPLAIN (INCLUDING DATES AND LOCATION): \_\_\_\_\_

**(AN ARREST, CHARGE OR CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT; THE CIRCUMSTANCES, TYPE OF OFFENSE AND WHEN IT OCCURRED WILL ALSO BE CONSIDERED.)**

HAVE YOU EVER BEEN ACCUSED OF HARASSMENT OR EMPLOYMENT DISCRIMINATION? YES NO

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Name

First Name



**EMPLOYMENT HISTORY:**

PROVIDE THE FOLLOWING INFORMATION FOR YOUR PAST THREE (3) EMPLOYERS, ASSIGNMENTS, OR VOLUNTEER ACTIVITIES STARTING WITH THE MOST RECENT

FROM	TO	JOB TITLE
EMPLOYER		ADDRESS & PHONE NUMBER
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES
REASON FOR LEAVING		HOURLY RATE /SALARY START                      FINAL

FROM	TO	JOB TITLE
EMPLOYER		ADDRESS & PHONE NUMBER
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES
REASON FOR LEAVING		HOURLY RATE /SALARY START                      FINAL

FROM	TO	JOB TITLE
EMPLOYER		ADDRESS & PHONE NUMBER
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES
REASON FOR LEAVING		HOURLY RATE /SALARY START                      FINAL

**SKILLS/QUALIFICATIONS:**

SUMMARIZE ANY TRAINING, SKILLS, LICENSES, AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING.

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**EDUCATIONAL BACKGROUND:**

Name and Location	Years Completed	Did You Graduate	Major Subject
High School			
College			

Other

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**REFERENCES:**

Name	Telephone	Years Known
_____	( _____ )	_____
_____	( _____ )	_____
_____	( _____ )	_____

**EMERGENCY CONTACT:**

Notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED TO ELKHART CLINIC IS TRUE AND ACCURATE, AND I UNDERSTAND THAT ANY FALSE INFORMATION, MISREPRESENTATION OR OMISSION MADE OR PROVIDED BY ME AT ANY TIME WILL RESULT IN NO FURTHER CONSIDERATION OF MY APPLICATION OR, IF I HAVE BEEN HIRED, IMMEDIATE DISCHARGE FROM ELKHART CLINIC'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE ELKHART CLINIC THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION I HAVE PROVIDED TO IT. I HEREBY RELEASE FROM LIABILITY ELKHART CLINIC AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

ELKHART CLINIC DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

IF I AM HIRED, I UNDERSTAND THAT I AM AN EMPLOYEE AT WILL AND AM FREE TO RESIGN AT ANY TIME, FOR ANY REASON, AND WITHOUT PRIOR NOTICE, AND ELKHART CLINIC RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, AND WITHOUT PRIOR NOTICE. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF ELKHART CLINIC, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY CONCERNING THE TERMS, CONDITIONS OR DURATION OF MY EMPLOYMENT. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER IN ORDER TO BE VALID AND ENFORCEABLE.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

**I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

## HUMAN RESOURCE USE ONLY

Routed To	Date Routed	Date Returned	Action	HR Use

Position: \_\_\_\_\_  
 Phone \_\_\_\_\_

Interview Date: \_\_\_\_\_ In Person \_\_\_\_ By \_\_\_\_\_

Salary Desired: \_\_\_\_\_  
 \_\_\_\_\_

Date Available: \_\_\_\_\_

**Education/Training**

**Job Interest**

License/Cert: \_\_\_\_\_

**Attendance** \_\_\_\_\_

History: \_\_\_\_\_

**Communication** \_\_\_\_\_

**Computer Skills** \_\_\_\_\_

**Characteristics:**

**Previous Super:**

**Like:**

**Why:**

**Dislike:**

Advised of: \_\_\_\_\_ Pre-Employment Drug Screen \_\_\_\_\_ TB/Bloodborne \_\_\_\_\_ Dress Code \_\_\_\_\_ Clinic Hours of Operation \_\_\_\_\_ Advised Application F/U Process  
\_\_\_\_\_ Job Physician Requirements Discussed ((I.e., HI—Lifting, Bending, Stooping, Pushing Carts) *(Interviewer should put initials on the line if they discussed)*