

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:

NAME _____ **SOCIAL SECURITY NUMBER:** _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

PHONE NO. _____ **ARE YOU 18 YEARS OR OLDER?** YES NO

DO YOU PRESENTLY HAVE LAWFUL, UNEXPIRED AUTHORIZATION
TO BE EMPLOYED BY ELKHART CLINIC IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED:

POSITION _____ **DATE YOU CAN START** _____ **SALARY DESIRED** _____

ARE YOU EMPLOYED NOW? YES NO **IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?** YES NO

EVER APPLIED TO THIS COMPANY BEFORE? YES NO

WHEN? _____ **REFERRED BY:** _____

TYPE OF EMPLOYMENT DESIRED (Circle One): FULL-TIME PART-TIME TEMPORARY

ARE YOU WILLING TO WORK ANY SHIFT? YES NO

ARE YOU ON LAYOFF FROM ANOTHER EMPLOYER? YES NO

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: _____

EMPLOYMENT HISTORY:

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

FROM	TO	EMPLOYER
JOB TITLE		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	EMPLOYER
JOB TITLE		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	EMPLOYER
JOB TITLE		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.

EDUCATIONAL BACKGROUND:

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

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** _____