

# APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER



**Alivio Medical Center**  
*An Active Presence for a Strong Community*

## PERSONAL DATA

NAME (LAST, FIRST, MIDDLE)

DATE

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

EMAIL ADDRESS

POSITION(S) APPLYING FOR

ARE YOU AUTHORIZED TO WORK IN THE U.S.? ☐ YES ☐ NO

REFERRED BY: ☐ AD ☐ FRIEND ☐ RELATION ☐ AGENCY ☐ OTHER

## EDUCATION RECORD

### HIGH SCHOOL

ADDRESS

DID YOU GRADUATE? ☐ YES ☐ NO

### COLLEGE/UNIVERSITY

ADDRESS

DEGREES OR DIPLOMAS OBTAINED

YEARS ATTENDED

### TRADE OR TECHNICAL TRAINING

ADDRESS

DEGREES OR DIPLOMAS OBTAINED

### GRADUATE SCHOOL

ADDRESS

DEGREES OR DIPLOMAS OBTAINED

YEARS ATTENDED

# EMPLOYMENT HISTORY

Begin with most recent employer. Attach additional sheet if needed.

1. EMPLOYER	DATES OF EMPLOYMENT
ADDRESS	
PHONE	
TITLE/DUTIES	
MANAGER'S NAME (DIRECT SUPERVISOR)	
REASON FOR LEAVING	

2. EMPLOYER	DATES OF EMPLOYMENT
ADDRESS	
PHONE	
TITLE/DUTIES	
MANAGER'S NAME (DIRECT SUPERVISOR)	

3. EMPLOYER	DATES OF EMPLOYMENT
ADDRESS	
PHONE	
TITLE/DUTIES	
MANAGER'S NAME (DIRECT SUPERVISOR)	

# REFERENCES

Please list three professional references.

Name	Title	Company	Telephone

# SPECIAL SKILLS

Summarize any special skills or qualifications that you acquired through employment or other experience that are applicable to the job you are applying for:

# LANGUAGES

Please indicate any languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

# PERSONAL DATA

HAVE YOU BEEN EMPLOYED HERE BEFORE?

☐ YES☐ NO

DO YOU HAVE ANY RELATIVE CURRENTLY EMPLOYED BY ALIVIO MEDICAL CENTER OR CURRENTLY SERVING AS A MEMBER OF THE ALIVIO MEDICAL CENTER BOARD OF DIRECTORS?

☐ YES☐ NO

MAY WE CONTACT YOUR CURRENT EMPLOYER?

☐ YES☐ NO

# APPLICANT'S SIGNATURE

I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any other offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

SIGNATURE OF APPLICANT

DATE

# CONSENT FOR VERIFICATION OF PRIOR EMPLOYMENT

EMPLOYEE NAME (PLEASE PRINT)

LAST 4 DIGITS OF SSN

I, \_\_\_\_\_ hereby authorize Alivio Medical Center to obtain employment verification from all prior employers. I hereby expressly release my former employers from any and all claims which may be related to or arise from the disclosure of the reference information provided pursuant to this authorization.

SIGNATURE OF APPLICANT

DATE