

APPLICATION



ASIAN
HERITAGE
HEALTHCARE

APPLICATION FOR EMPLOYMENT

Confidential (Please Print Clearly)

ASIAN HERITAGE HEALTHCARE does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, ancestry, sex, or on the basis of age or physical or mental handicap unrelated to the ability to perform the work required. No question on this application is intended to obtain information to be used for such discrimination. This application will be given every consideration. However, its acceptance does not imply that the applicant will be employed.

Personal Information	Date of Application: ____/____/____	Date Available: ____/____/____
Name: _____	Last 4 of SSN: _____	
Last First Middle		
Present Address: _____	Phone Number: (____) _____ - _____	
Street City State Zip Code		
e-Mail Address: _____	Cell Phone No: (____) _____ - _____	
If you cannot be reached at the above phone number, how may we contact you? Name of Person: _____ Phone Number: (____) _____ - _____		
If not a U.S. citizen, do you have the legal right to remain permanently and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Immig. Number: _____		

Employment Desired	Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Type of Work Desired</th> <th style="width: 50%;">Shift</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>	Type of Work Desired	Shift					Have you ever received Unemployment Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of Work Desired	Shift						
		Have you ever received Worker's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____						
		Have you ever received Disability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____						
		Will you accept employment of Full Time? _____ Part Time? _____						
		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you employed now? _____ May we contact your present employer? _____ If no, why? _____								

Education	Name of School	Location (City, State)	Courses Taken	Date Completed	Diploma, Degree or Certificate Received
Grammar or Grade School					
High School					
College					
Vocational or Business					
Professional Education					
Laboratory or X-ray Trng.					

Extracurricular Activities while in School: _____

Member of Professional Organizations: _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have which you feel are related to the position for which you are applying: _____

Have You Ever Been in The U.S. Armed Forces? _____ What is Your Present Selective Service Classification? _____ Are You Presently a Member of Reserve or National Guard? _____ If So, When is Your Enlistment Up? _____

Professional License and/or Certification				Verification
Type	Organization or State Issued	Date Issued	Number	
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EMPLOYMENT RECORD: (PLEASE list most recent employer first. Include summer or temporary jobs.)

Present & Former Employers	Dates Employed	Position & Duties	Reason for Leaving
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	_____ _____ _____	_____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	_____ _____ _____	_____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	_____ _____ _____	_____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	_____ _____ _____	_____ _____ _____

Please explain all periods of unemployment:

Other names by which you have been known (for date verification and reference checking purposes).

_____ Last First Middle

Have you ever been convicted of a crime? If so, for what, when and where?

Please list two references other than relatives or previous employers.

Name and Occupation	How do you know them and for how long?	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you consider yourself to be able to perform all the duties required by the job(s) for which you are making an application without endangering yourself, other employees or patient? If no, please explain:

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby acknowledge that any employment relationship with this company is of an **“at-will”** nature, which means that the Employee may resign at any time and the Employer, may discharge Employee at any time with or without cause. It is further understood this **“at-will”** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Employee Signature

AGENCY USE ONLY

Interview Date _____ Interviewer _____ Test Score _____

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