

EMPLOYMENT APPLICATION

*Application is active for one year.
PLEASE PRINT*



495 SW Ramsey Ave.
Grants Pass, OR 97527
Phone 541-476-6644

In order to be considered for employment, all sections of the applications must be completed. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Human Resources Department.

As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work.

APPLICANT INFORMATION										
Last Name				First				M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
							Date Available			
Position Applied for										
How did you find out about this position?	<input type="checkbox"/> Employee		<input type="checkbox"/> TV		<input type="checkbox"/> Internet		<input type="checkbox"/> Walk-In		<input type="checkbox"/> Clinic Posting	
What work schedule will you accept?	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> On-Call		<input type="checkbox"/> Permanent		<input type="checkbox"/> Temporary	
Are you authorized to work lawfully in the United States?	YES <input type="checkbox"/>		NO <input type="checkbox"/>							
Have you ever worked for the Clinic before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?							
EDUCATION										
High School				City				State		
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				City				State		
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				City				State		
		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
PROFESSIONAL LICENSES/CERTIFICATIONS										
Type		State		Exp. Date		Registration No.				

SKILLS AND QUALIFICATIONS

Summarize any other special 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.

Computer Skills

Check all that apply.

MS Office Word

MS Office Excel

MS Outlook

Graphics/Publishing Programs

Other Computer and Job Related Skills

PROFESSIONAL REFERENCES

Have you given notice to your current employer? YES NO Does not apply

May we contact your current employer? YES NO Does not apply

Is any of your work history under a different name? YES NO If yes, what name?

1. Full Name		Relationship	
Company		Phone	
City/State			
2. Full Name		Relationship	
Company		Phone	
City/State			
3. Full Name		Relationship	
Company		Phone	
City/State			

PREVIOUS EMPLOYMENT - Please complete each section. Do not "Refer to Resume".

Please list your current (if applicable) and previous employers starting with the most current, not to exceed 20 years. Be sure to include self-employment, volunteer, and seasonal work. Attach additional sheets if needed. Explain any gaps in employment on the next page.

Company		Phone	
City/State		Supervisor	
Job Title			
Responsibilities			
From		To	
		Reason for Leaving	

Continued on next page

Company		Phone	
City/State		Supervisor	
Job Title			
Responsibilities			
From		To	
		Reason for Leaving	

Company		Phone	
City/State		Supervisor	
Job Title			
Responsibilities			
From		To	
		Reason for Leaving	

Company		Phone	
City/State		Supervisor	
Job Title			
Responsibilities			
From		To	
		Reason for Leaving	

Please explain any gaps in employment or other information that may assist us in reviewing your application.

MILITARY SERVICE				
Branch		From		To
Rank at Discharge		Type of Discharge		
If other than honorable, explain				

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

Grants Pass Clinic, LLP, the employer, does not discriminate in employment and no question in 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.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever 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 from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

This application is current for only one (1) year. 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 complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice. The employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not 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 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 American with Disability Act (ADA).

I understand that at the start of employment, a Form I-9 Employment Eligibility Verification must be completed, including required forms of identification.

By my signature, I attest that I read and fully understand the above disclaimer and seek employment under these conditions.

Signature

Date