



Hutchinson Clinic

EMPLOYMENT APPLICATION

APPLICANT INFORMATION (PLEASE PRINT)

Position(s) Applied For: _____ Date of Application: _____

How Did You Learn About Us?

- Advertisement Relative Inquiry
 Hutchinson Clinic Website Friend Other _____

Full Name: _____ Social Security Number: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Telephone Number(s): _____ Email Address: _____

Best time to contact you at home is: _____ : _____
AM PM

If you are under 18 years of age, can you provide required proof of eligibility to work? _____ Yes No

Have you ever been employed with us before? _____ Yes No
 If Yes, give date _____

Have you ever worked for us through a Temporary Agency within the last year? _____ Yes No
 If Yes, give dates and department _____

Do any of your friends or relatives, other than spouse, work here? _____ Yes No

Are you currently employed? _____ Yes No

May we contact your present employer? _____ Yes No

Are you legally eligible for employment in the United States? _____ Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work ____ / ____ / ____ What is your desired hourly rate? _____

Are you available for work: Full-Time
 Part-Time

Have you ever been convicted of a felony? _____ Yes No
 If Yes, list the date of conviction and the crime for which you were convicted _____

Criminal convictions are not an absolute bar to employment but will be considered only with respect to the specific requirements of the job for which you are applying.

Can you travel if a job requires it? _____ Yes No

EMPLOYMENT HISTORY

Please list your last four employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment. You may exclude organizations which include race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____	Job Title: _____
Address: _____	Telephone Number: _____
Name and title of immediate supervisor: _____	Reason for leaving: _____
Dates employed: FROM _____ TO _____	Starting rate of pay: _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Final rate of pay: _____
Please summarize the nature of the work performed and job responsibilities. _____	

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If you need additional space, please continue on a separate sheet of paper.

EDUCATION

	Name and Address	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
College				
Graduate School				
Other (Specify)				

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Please summarize special job-related skills and qualifications acquired from employment or other experiences that may qualify you to work for Hutchinson Clinic. You may also list any additional information you would like us to consider.

Specialized Skills (Check skills that apply.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Typing/Keyboard | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Other (list) |
| <input type="checkbox"/> 10-key | <input type="checkbox"/> Microsoft Excel | |

Have you reviewed a copy of the job description?

Yes No

If answered Yes, are you capable of performing with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied?

Yes No

REFERENCES

List the name and daytime telephone number of three professional, business, or work references.
If possible, please include one current previous supervisor.

	Name	How they know you	Telephone Number (daytime)	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 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 that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Hutchinson Clinic may terminate an Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

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

I understand all applicants who are offered employment will be required to consent to a drug test. I understand that if I do not pass a drug test or if I refuse to take a drug test I will no longer be considered for employment.

Signature of Applicant: _____ Date: _____

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Arrange Interview:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Comments _____					
		Interviewer: _____		Date: _____	
Employed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment: ____/____/____	
Job Title: _____		Hourly Rate/Salary: _____		Department: _____	
By: _____				Date: _____	
<i>Name and Title</i>					