

Coastal Health Alliance ❖ Application for Employment

PERSONAL INFORMATION:

Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: (____) _____ Soc. Sec #: _____

State name and relationship of any relatives in our employ: _____ Referred by: _____

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____ Do you speak other languages? Please indicate _____

Are you currently employed: yes no May we contact your employer? yes no

Have you ever applied to this company before? _____ Where? _____ When? _____

EDUCATION:

School	Name & Location	Graduated?	Major Subjects	GPA
High School				
College				
Other (specify)				

Computer/Clerical skills: _____

Subjects of special study or research work: _____

Special training: _____

Activities: (Civic, Athletic, Etc.) _____
(Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color, or national origin of it's members)

FORMER EMPLOYERS: List your last four employers, starting with present or most recent)

Date Month & Year	Name & Address & Phone	Position	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

(Continued on other side)

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone #	Business	Years Acquainted

In case of an emergency, Notify: _____
Name Phone #

Address Alt. Phone #

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omissions of facts called for is cause for dismissal, further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signed: _____ Date: _____

Applicant - Do not write below this line

Interviewed By: _____ Date: _____

Remarks: _____

Neatness: _____

Ability: _____

Hired: _____ Site: _____ Position: _____ Start Date: _____ Salary: _____

Approvals:

1. _____ 2. _____ 3. _____