



# Application for Employment

Heartview Foundation

Applicant Information

Last Name	First	Middle	Date
Street Address			Home Phone ( )
City, State, Zip			Cell Phone ( )
Position Desired			When are you able to begin work? _____
Are you a citizen of the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			Are you 18 or older?
If no, are you authorized to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have any physical limitations that preclude you from performing any work for which you are applying? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe _____			
Heartview often employs persons who are in recovery from a substance abuse disorder. An employee's recovery serves as an important model to patients. If you are in recovery, applicants must have achieved a period of sustained abstinence and be able to demonstrate successful rehabilitation and stability.			
In case of emergency, notify: _____			
			Phone
		Name	

Education

School	Name and Location of School	Course of Study	Number of years completed	Did you graduate?
High school				
College				
Other Special Training or Skills				

Please accompany this form with your résumé to provide an accurate and complete employment record.

# References

Complete Name	Relationship	Occupation	Telephone

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I acknowledge and agree that this employment application and any other documents, including any employment manuals, are guidelines only and are not to be interpreted as a contract between myself and Heartview Foundation. I further acknowledge and agree that I may voluntarily leave employment upon proper notice, and may be terminated by Heartview Foundation at any time and for any reason. I acknowledge and agree that any verbal or written statements to the contrary are not binding upon Heartview Foundation and should not be relied upon by myself. I further understand that Heartview Foundation reserves the right to change or delete any of the rules and provisions of its employment manual at any time."

I understand and agree that I may be required to take a physical examination as a condition of hiring or continued employment.

\_\_\_\_\_

Date Signature

NOTICE: Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, disability or religion.

Do not write in this box	B-23 6/17
Interviewed by: _____ Date: _____	
Hired: <input type="checkbox"/> yes <input type="checkbox"/> no      Position: _____ Dept: _____	
Salary/Wage: _____ Date Reporting for Work: _____	