



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 If no, are you authorized to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			Are you 18 or older? <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: _____ Name Phone			

Education

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

References

Complete Name	Relationship	Occupation	Telephone

Please give an accurate and complete full-time and part-time employment record.
Please record additional employment history on a separate sheet.

Employment History

Present (or most recent) Employer Name				Employed (State Month and Year) From: _____ To: _____	
Address	City	State	Zip	Hourly Pay Start: \$_____ Last: \$_____	
Name of Supervisor			May we Contact? <input type="checkbox"/> yes <input type="checkbox"/> no		Phone ()
Job Title and Work Description				Reason for leaving:	
Employer Name				Employed (State Month and Year) From: _____ To: _____	
Address	City	State	Zip	Hourly Pay Start: \$_____ Last: \$_____	
Name of Supervisor			May we Contact? <input type="checkbox"/> yes <input type="checkbox"/> no		Phone ()
Job Title and Work Description				Reason for leaving:	
Employer Name				Employed (State Month and Year) From: _____ To: _____	
Address	City	State	Zip	Hourly Pay Start: \$_____ Last: \$_____	
Name of Supervisor			May we Contact? <input type="checkbox"/> yes <input type="checkbox"/> no		Phone ()
Job Title and Work Description				Reason for leaving:	

"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."

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: _____