

Uncle Herbs Health Center Employment Application

Please Print

Date ____/____/____ _____

Last

First

Present Address

Street

City

State Zip

(____) _____

Business Phone

(____) _____

Home Phone

Employment Desired

Position applying for:

Are you applying for:

Regular fulltime work?.....Yes No

Regular parttime work?Yes No

Temporary work, e.g., summer or holiday work?.....Yes No

What days and hours are you available for work?

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

Are you at least 21 years old?
Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?
.....Yes
No

Have you ever been convicted of a felony? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?
Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education, Training, and Experience High School Degree or Diploma? Y / N

High School Degree/ Diploma? Y / N

School Name

Address

College Degree or Diploma? Y / N

School Name

Address

Vocational School Degree or Diploma? Y / N

School Name

Address

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Past or Present Employer:

Name of Employer

(____) _____
Telephone No.

Type of Business

Supervisor's Name

Street

City

State

Zip

Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____ Salary :

Position and Duties

Reason for Leaving

May we contact this employer for a reference?Yes / No

Past Employer:

Name of Employer

(____) _____
Telephone No.

Type of Business

Supervisor's Name

Street

City

State

Zip

Dates of Employment: ___ / ___ / ___ to ___ / ___ / ___ Salary : _____

_____ Position and Duties

_____ Reason for Leaving

May we contact this employer for a reference?Yes / No

Past Employer:

_____ (____) _____
Name of Employer Telephone No.

_____ Supervisor's Name
Type of Business

_____ Street City State Zip

Dates of Employment: ___ / ___ / ___ to ___ / ___ / ___ Salary : _____

_____ Position and Duties

_____ Reason for Leaving

May we contact this employer for a reference?Yes / No

Business/Personal References

_____ (____) _____
Name Telephone No.

_____ Street City State Zip

Occupation

No. of Years known

Personal or Business Reference

May we contact this person?Y / N

Name

(_____) _____
Telephone No.

Street

City

State

Zip

Occupation

No. of Years known

Personal or Business Reference

May we contact this person?Y / N

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on

any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Desert Medical Campus INC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Desert Medical Campus INC any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Desert Medical Campus INC, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Desert Medical Campus INC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Desert Medical Campus INC, and that no promises or representations contrary to the foregoing are binding on Desert Medical Campus INC unless made in writing and signed by me and Desert Medical Campus INC's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed
by the Company, I am entitled to copies of any such public records obtained by Desert Medical
Campus INC unless I mark the check box below. If I am not hired as a result of such information, I
am entitled to a copy of any such records even though I have checked the box below.

_____ Date
Applicant's Signature