

SAWTOOTH MOUNTAIN CLINIC APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address		City	State
Main Phone Number	Alternate Phone Number	Email	

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary.

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
Phone Number		Dates Employed (Month/Year)	
		From	To
Job Title and Duties		Reason for Leaving	

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
Phone Number		Dates Employed (Month/Year)	
		From	To

Job Title and Duties	Reason for Leaving

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Street Address

Phone Number	Dates Employed (Month/Year)	
	From	To

Job Title and Duties	Reason for Leaving

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain

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Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

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Please tell us why you are interested in a position at Sawtooth Mountain Clinic.

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

BUSINESS AND PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number or Email

PERSONAL REFERENCES

Please list three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

GENERAL INFORMATION

1. Have you ever worked for this company before?..... Yes No

a. If yes, please give dates and position: _____

2. Do you have friends and/or relatives working for this company?..... Yes No

a. If yes, name(s) and relationship(s): _____

3. On what date are you available to begin work? _____

4. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

5. Are you available to work? Full-time Part-time Casual

6. Are you at least 18 years old? Yes No

a. Note: If under 18, hire is subject to verification that you are of minimum legal age.

7. If hired, can you present evidence of your identity and legal right to work in this country?..... Yes No

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

a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I hereby certify 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.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ Date: _____