Employment Application



		Applicant In	forma	ation				
Full Name:								
	Last	First			М.І.			
Address:	Street Address					 Apartment/Unit #		
	City				State	ZIP Code		
Phone:		Er	mail					
Position Applied for:								
Education								
High Schoo	bl:	Address:						
From:	To:	Did you graduate?	YES	NO □				
College:		Address:						
From:	То:	Did you graduate?	YES	NO □	Degree:			
Other:		Address:						
From:	То:	Did you graduate?	YES	NO □	Degree:			
		Referei	nces					
Please list three professional references.								
Full Name:					Relationsh	nip:		
Company:					Pho	ne:		
Address:								
Full Name:					Relationsh	nip:		
Company:					Pho	ne:		
Address:								
Full Name:					Relationsh	nip:		
Company:					Pho	ne:		
Address:								

Military Service							
Branch:	From:	To:					
Rank at Discharge:	Type of Discharge:	Type of Discharge:					
If other than honorable, explain:							
Disclaimer and Signature							

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I hereby authorize Coos County Family Health Services, Inc. to investigate all statements contained in this application.

I authorize and request that my present and former employers furnish information about my employment, work performance, abilities and other qualities pertinent to my qualification for employment. I hereby release my present and former employers, and their agents and employees, from any and all liability for damages arising from furnishing the requested information.

I understand if offered employment by CCFHS, such employment is at will, subject to termination by me or CCFHS at any time, with or without cause. No representative of CCFHS, other than the Chief Executive Officer, has authority to enter into an agreement for employment for any specified period of time.

I understand any offer of employment is subject to my successful completion of CCFHS's hiring process including all applicable background checks.

Signature:

Date: