

EMPLOYMENT APPLICATION



Employer Information:

Employer: New Life Clinic
Address: 280 E Standley St
City/State/ZIP: Ukiah, CA 95482
Telephone: (707) 466-0001

New Life Clinic hires individuals based on their ability to meet specific job requirements. With the exception of a Native American hiring preference, New Life Clinic makes all employment decisions without regard to race, color, religion, creed, gender, sexual orientation, gender identity, marital status, national origin, ancestry, veteran status, age, disability or other protected characteristics as required by federal, tribal, state and local laws.

Employee Applicant Information:

Position Applying for: _____ Date: _____

Legal Name: _____
Last First Middle

Preferred Nickname(s): _____

Home Address: _____
Street City State Zip

Cell Phone Number: _____ Alternate Phone Number: _____
Describe

Email Address: _____

License & NPI # (if applicable): _____ Driver's License (State/#): _____

Date available to start: _____

Salary or Hourly wage desired: _____ Full or Part-time desired? _____

How did you hear about us?

- Craig's List
- Facebook
- Professional Job Board: _____
- Employee Referral: _____
- Other: _____

Work Experience:

Please provide information about your work experience over the past ten years:

1. Name of Employer: _____

Job Title: _____ Supervisor's Name: _____

Address: _____

Street City State Zip

Dates of Employment: Hire Date: _____ End Date: _____

Check if current position

Briefly describe your Job Duties or Role: _____

Reason for Leaving: _____

2. Name of Employer: _____

Job Title: _____ Supervisor's Name: _____

Address: _____

Street City State Zip

Dates of Employment: Hire Date: _____ End Date: _____

Check if current position

Briefly describe your Job Duties or Role: _____

Reason for Leaving: _____

3. Name of Employer: _____

Job Title: _____ Supervisor's Name: _____

Address: _____

Street City State Zip

Dates of Employment: Hire Date: _____ End Date: _____

Check if current position

Briefly describe your Job Duties or Role: _____

Reason for Leaving: _____

Education (please indicate "Resume" if information is included on an attached resume):

School	Degree or Certificate

Skills (please indicate "Resume" if information is included on an attached resume):

Please indicate any skills you possess that you feel may be helpful for the job position you seek: _____

Please indicate any current professional licenses or certifications that you hold: _____

Languages Spoken:

_____ Native language
_____ Other language(s) Fluency circle one (advanced/intermediate/beginner)
_____ Other language(s) Fluency circle one (advanced/intermediate/beginner)

Application Questions:

Are you at least 18 years of age? ____ Yes ____ No

Are you available to work: Full-time _____ Part-time _____
Early Mornings _____ Weekends _____ Evenings _____

Are you legally authorized to work in the United States? ____ Yes ____ No

Will you now or in the future require sponsorship for employment VISA status? (E.G. H-1B VISA status)?
____ Yes ____ No

Are you able to perform the essential functions of the job position you seek without reasonable accommodation? ____ Yes ____ No If no, what reasonable accommodation would you request?

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Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial) ____ Yes ___ No

If yes, please share the details of your conviction, offense, location, date and sentence.

In the past three years, have you ever knowingly used any opioids, amphetamines, barbiturates or any other illicit drugs (other than those prescribed to you by a physician) or marijuana? ____ Yes ____ No

If you answered yes, please provide additional detail below.

[Are you on the Medicare/Medicaid exclusion list?] ____ Yes ____ No

Applicant Signature:

New Life Clinic strongly encourages applicants to submit a resume and cover letter in connection with this application. This completed application, along with any additional information, should be emailed to Jobs@NewLife.Health.

I hereby certify that all the information I have listed above is true and correct to the best of my knowledge. I further acknowledge and agree to have any of the information checked by New Life Clinic. I also understand New Life Clinic requires that all new-employees pass a drug screen and background check and that successful completion of both is a prerequisite for employment.

I further acknowledge that if any of the above information is found to be incorrect either by omission or commission, an offer of employment may be withdrawn or termination with cause may result.

Applicant Signature

Date

Commented [AH1]: Do we want to simply ask if they have used any illicit drugs

Deleted: narcotics

Deleted: or

Commented [AH2]: Can we ask about prescribed medications, and if so maybe we want a separate question.

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