



LA RED HEALTH CENTER, INC.

EMPLOYMENT APPLICATION

Note: La Red Health Center will not consider incomplete or unsolicited applications

Position you are seeking (you must fill out one application for each position you are applying for)

How did you learn about this position?

- Advertisement (specify source) _____
 Friend
 Employment Dept
 Walk-In
 Website
 Other: _____

Name	Last	First	Middle
Address		Phone #	Email
City	State	Zip	Social Security #

Have you ever filed an application with La Red Health Center before? Yes No

If yes, please give date: _____

Do any of your friends or relatives, other than a spouse work here? Yes No

If yes, please give name, relationship and position: _____

Have you ever been employed with La Red Health Center before? Yes No

If yes, please give date and position: _____

Are you at least 18 years of age? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Are you a US citizen? Yes No

If not a US citizen, do you have proof of your legal right to accept employment? Yes No

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Are you currently on lay-off status and subject to recall? Yes No

Will you travel if a job requires it? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please give date and reason for conviction: _____

(All positions at OMSI are subject to a Criminal Background Check.)

Are you capable of performing, with or without reasonable accommodation, the essential duties of the job for which you are applying? (Do not answer unless you have read the job description.) Yes No

Date available for work: _____

What is your desired salary range? _____

Please check your availability to work:

- Regular Full-Time
 Regular Part-Time at ____ hours/week
 Temp/Seasonal Full-Time
 Temp/Seasonal Part-Time at ____ hours/week
 Morning
 Afternoons
 Evenings
 Saturdays

Education & Training

School	Name, City & State of School	Course of Study	# years	Diploma/Degree
High School				Yes No
Undergraduate School				Yes No
Graduate School				Yes No
Other (Specify)				Yes No

Please state any additional information and skills you feel may be helpful to us in considering your application: _____

Work Experience – Complete this section even if you are attaching a resume

Begin with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed		Work performed/Responsibilities:
	From:	To:	
Address:	Hourly/Salary Rate		
	Start:	End:	
Supervisor & Telephone #			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title			Reason for leaving:
Employer:	Dates Employed		Work performed/Responsibilities:
	From:	To:	
Address:	Hourly/Salary Rate		
	Start:	End:	
Supervisor & Telephone #			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title			Reason for leaving:
Employer:	Dates Employed		Work performed/Responsibilities:
	From:	To:	
Address:	Hourly/Salary Rate		
	Start:	End:	
Supervisor & Telephone #			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title			Reason for leaving:

Professional References – Please do not include family members.

Name	Address & Phone Number	Occupation
1.		
2.		
3.		

Applicant's Certification – Please read this carefully before signing the application!

- > La Red Health Center is an equal opportunity employer and will consider applicants for all positions without regard to race, age, color, religion, marital status, nation origin, disability, veteran status or any other legally protected status.
- > No applicant will be rejected as a result of any impairment, which, with reasonable accommodation, does not prevent performance of the work.
- > La Red Health Center will not tolerate sexual harassment or harassment on the basis of any protected class status in the workplace.
- > I understand that, if selected, I will be required to provide proof of my identity and legal right to work in the United States prior to actual employment at OMSI.
- > I certify that I have answered truthfully and have not knowingly withheld information relative to my application. I understand that any misrepresentation or material omission on the application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission that becomes known to La Red Health Center may result in immediate termination of my employment.
- > I hereby authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give OMSI's representative's any and all information regarding me and my previous employment. I release La Red Health Center and all previous employers and supervisors from liability for any damages that may result from furnishing information to La Red Health Center.
- > In consideration of my employment, I agree to adhere to all existing and future instructions, rules and policies of La Red Health Center. I also understand that La Red Health Center reserves the right to change wages, hours and working conditions as deemed necessary and that no representative of La Red Health Center has any authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing.
- > I understand that all employees of La Red Health Center, with respect to length of employment, are considered to be "at will." This means that I may terminate my employment with La Red Health Center at any time, without notice, without liability, for any extended period. Similarly, La Red Health Center may terminate my employment with La Red Health Center at any time without notice, without liability, for any extended period. There is no guaranteed length of employment for any employee. Similarly, any representation by any agent or employee of La Red Health Center to the contrary is not authorized or binding upon La Red Health Center unless in writing and signed by the Chief Executive Officer of La Red Health Center.

I have read and reviewed the above certification statements and other information provided on the application.

Applicants Signature: _____ Date: _____