



# LA RED HEALTH CENTER, INC.

## EMPLOYMENT APPLICATION

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

**Position you are applying for:** \_\_\_\_\_

How did you learn about this position?

Advertisement (specify source) \_\_\_\_\_ Friend \_\_\_\_\_ State Website \_\_\_\_\_  
 Walk-In \_\_\_\_\_ La Red Website \_\_\_\_\_ Other: \_\_\_\_\_

Name	Last	First	Middle
Address		Phone #	Email
City		State	Zip

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 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 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? \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? Yes    No  
 If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime? Yes    No  
 If yes, please give date and reason for conviction: \_\_\_\_\_  
(All positions at LRHC) 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? Yes    No

Date available for work: \_\_\_\_\_ Salary desired \_\_\_\_\_

**Professional License or Membership**

Type of License(s) Held: \_\_\_\_\_  
 State of Delaware License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_  
 Other Professional Memberships: \_\_\_\_\_

**Education & Training**

School	Name, City & State of School	Course of Study	# years	Diploma/Degree	
High School				Yes	No
College/University				Yes	No
Graduate School				Yes	No
Vocational/Trade School (Other)				Yes	No

Please state any additional information or skills you feel may be helpful to us in considering your application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please tell us why you would like to work at La Red Health Center: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 of Employment		Work performed/Responsibilities:
	From:	To:	
Address:	Hourly/Salary Rate		
	Start:	End:	
Supervisor & Telephone #			
Job Title			Reason for leaving:
Employer:	Dates of Employment		Work performed/Responsibilities:
	From:	To:	
Address:	Hourly/Salary Rate		
	Start:	End:	
Supervisor & Telephone #			
Job Title			Reason for leaving:
Employer:	Dates of Employment		Work performed/Responsibilities:
	From:	To:	
Address:	Hourly/Salary Rate		
	Start:	End:	
Supervisor & Telephone #			
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, sex, marital status, nation origin, disability, sexual orientation, veteran status or any other legally protected status.
- > 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 LRHC.
- > 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 LRHC representatives 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, reviewed and understand the certification statements listed above and other pertinent information provided on the application.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_