



Please print and fill out all sections.  
Print clearly in black or blue ink.  
Sign and date the form.

## EMPLOYMENT APPLICATION

### GENERAL INFORMATION

Capstone Rural Health is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_ City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position applying for \_\_\_\_\_ Date available to start \_\_\_\_\_

Desired Salary \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Can you prove that you are a U.S. citizen or that you can legally work in the U.S.?  Yes  No

How were you referred to CRHC? \_\_\_\_\_

Have you ever applied or worked for CRHC before?  Yes  No

If yes, state when and what position: \_\_\_\_\_

Do you know of any friends, relatives, or acquaintances working for CRHC?  Yes  No

If yes, state name and the nature of relation: \_\_\_\_\_

Have you ever been convicted of a criminal offense (misdemeanor or felony)?  Yes  No

If yes, please describe the crime—state the nature of the crime (when and where convicted and disposition of the case): \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The data of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**EDUCATION/TRAINING/MILITARY**

| School                                                                                                              | Location | Did you graduate? Y/N | Diploma/Major |
|---------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------------|
| High School/GED:                                                                                                    |          |                       |               |
| College/University:                                                                                                 |          |                       |               |
| College/University:                                                                                                 |          |                       |               |
| Other Institution:                                                                                                  |          |                       |               |
| Languages read, written, or spoken fluently other than English:                                                     |          |                       |               |
| _____                                                                                                               |          |                       |               |
| _____                                                                                                               |          |                       |               |
| Other credential/license/professional affiliations, etc., which are relevant to the job for which you are applying: |          |                       |               |
| _____                                                                                                               |          |                       |               |
| _____                                                                                                               |          |                       |               |

|                                                                                            |                        |            |
|--------------------------------------------------------------------------------------------|------------------------|------------|
| <b>Military – Branch of Service:</b>                                                       |                        |            |
| Time in Service:                                                                           | Highest Rank Obtained: | Specialty: |
| Include any military training, special honors, skills/duties, or service schools attended: |                        |            |
| _____                                                                                      |                        |            |
| _____                                                                                      |                        |            |
| _____                                                                                      |                        |            |

**HOURS AVAILABLE TO WORK**

Please indicate the hours you are available to work during both day and evening (i.e., 8am-5pm, 9am-7pm).

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |

*(Note: Capstone Rural Health Center is not open on weekends (Saturday or Sunday). However, occasional Saturday work is possible due to health fairs, community events, etc. Should your availability change, it is your responsibility to notify your supervisor immediately.)*

## EMPLOYMENT HISTORY

Include voluntary/internship experience:

|                               |                             |                                              |
|-------------------------------|-----------------------------|----------------------------------------------|
| Recent Employer:              | Telephone:<br>(     )     - | From (Month/Year):                           |
| Address:                      |                             | To (Month/Year):                             |
| City/State:                   | Supervisor:                 | Hours per week:                              |
| Position Title & Description: |                             | Last Salary:                                 |
| Reason for leaving:           |                             | May we contact this employer? [ ] Yes [ ] No |

|                               |                             |                                              |
|-------------------------------|-----------------------------|----------------------------------------------|
| Employer:                     | Telephone:<br>(     )     - | From (Month/Year):                           |
| Address:                      |                             | To (Month/Year):                             |
| City/State:                   | Supervisor:                 | Hours per week:                              |
| Position Title & Description: |                             | Last Salary:                                 |
| Reason for leaving:           |                             | May we contact this employer? [ ] Yes [ ] No |

|                               |                             |                                              |
|-------------------------------|-----------------------------|----------------------------------------------|
| Employer:                     | Telephone:<br>(     )     - | From (Month/Year):                           |
| Address:                      |                             | To (Month/Year):                             |
| City/State:                   | Supervisor:                 | Hours per week:                              |
| Position Title & Description: |                             | Last Salary:                                 |
| Reason for leaving:           |                             | May we contact this employer? [ ] Yes [ ] No |

REFERENCES

Provide references not related to you.

| Name | Address | Telephone | Occupation |
|------|---------|-----------|------------|
|      |         |           |            |
|      |         |           |            |
|      |         |           |            |

\*\*Please attach your resume to the completed application.

**READ CAREFULLY:** *I certify that the information contained in this application for employment is true to the best of my knowledge. I understand that any misstatement or omission of information may result in denial of employment or may be sufficient cause for dismissal. I further acknowledge and understand that unless I am given a contract for employment expressly stating otherwise that all employees of Capstone Rural Health are "AT-Will" employees and may be terminated at any time, with or without cause. I hereby authorize Capstone Rural Health to conduct a background check and investigate the truthfulness of all statements made on this application regarding educational and employment history, misdemeanors or felonies specified, listed references, and any other persons who can verify information.*

\_\_\_\_\_  
AUTHORIZATION SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE