

Application for Employment

PLEASE PRINT



Pit River Health Service, Inc.

36977 Park Avenue, Burney, CA 96013
(800)843-7447 (530)335-5090 FAX 335-5241

Position(s) Applied For: _____ Date of Application: _____

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET CITY STATE ZIPCODE

Telephone (____) _____

If you are under 18, can you furnish a work permit?..... YES NO

Have you ever been employed here before?..... YES NO

Are you legally eligible for employment in this country?..... YES NO

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work

Type of employment desired: Full Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position?..... YES NO

Have you ever been convicted of a crime? YES NO

If yes, please explain: _____

Do you have a current valid driver's license? YES NO

Drivers license number (if required by job) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From To Employer Telephone

Job Title Address

Immediate supervisor and Title Summarize the nature of work performed and job responsibilities

Reason for leaving

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Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

Educational Background (please provide copies of your degree, licenses, or certifications)

Name and Location	Did you complete? Year graduated			Course of Study
High School				
College		Major	Degree	
Other				

References

Name and Address	Telephone w/Area Code	Years Known

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representative for seeking such information, and all other persons, corporations or organizations for furnishing such information. By initialing, applicant agrees that there is nothing in his/her background that may not show up during a routine background check. _____ **Initial here**

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

The application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant _____ Date _____

PLEASE FILL OUT THE BELOW-LISTED PORTION.

INDIAN PREFERENCE

	YES	NO
DO YOU CLAIM INDIAN PREFERENCE	_____	_____
HAVE YOU PROVIDED VERIFICATION OF SUCH?	_____	_____
CAN YOU OBTAIN VERIFICATION?	_____	_____