

LIST ALL PRESENT & PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

COMPANY NAME	Dates Worked:	Position(s) Held:
Address, City, State, Zip	Duties/Responsibilities:	
Phone No. ()	Reason for Leaving:	
Name of Supervisor		
Base Gross Income: Starting Wage: /Ending Wage:	Hours Worked:	

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WORK REFERENCES

Name	Relationship & Title	
Company	Home Phone	Work Phone
Work Address	Years Known	

Name	Relationship & Title	
Company	Home Phone	Work Phone
Work Address	Years Known	

Name	Relationship & Title	
Company	Home Phone	Work Phone
Work Address	Years Known	

Name	Relationship & Title	
Company	Home Phone	Work Phone
Work Address	Years Known	

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate?	Course/Major	Degree
College				
Technical School				
High School				
Other				

CRIMINAL RECORD
(A conviction will not necessarily disqualify an applicant)

An applicant for employment with a sealed record on file with the commissioner of probation may answer “No” with respect to an inquiry relative to prior convictions. In addition, an applicant may answer “No” with respect to adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Have you ever been convicted of a felony? Yes _____ No _____

Within the last five years, have you been convicted and/or incarcerated for a misdemeanor, other than a first conviction of drunkenness, simple assault, speeding, minor traffic violations, or disturbance of the peace?

Yes _____ No _____

If you answered “Yes” to either or both of the above questions, please set forth the date and nature of any conviction(s):

OTHER INFORMATION

Please set forth any additional education, training or qualifications that you would like us to consider in reviewing your application:

In signing this applications, I certify that the information I have provided is complete and accurate. I understand that any false statements or omissions in the application process will be grounds for rejection of my application, or termination of employment if I become employed.

I hereby authorize Coos County Family Health Services, Inc. to investigate all statements contained in this application. I authorize and request that my present and former employers furnish information about my employment, work performance, abilities and other qualities pertinent to my qualification for employment. I hereby release my present and former employers, and their agents and employees, from any and all liability for damages arising from furnishing the requested information.

I understand that if offered employment by CCFHS, such employment is at will, subject to termination by me or CCFHS at any time, with or without cause. No representative of CCFHS, other than the Chief Executive Officer, has authority to enter into an agreement for employment for any specified period of time.

I understand that any offer of employment is subject to my successful completion of CCFHS’s hiring process, including all applicable background checks.

Signature

Date

Print Name