



NEIGHBORHOOD
Health Association

**EMPLOYMENT APPLICATION
FOR
NON-CONTRACT EMPLOYEES**

PLEASE PRINT ALL INFORMATION

Date of Application _____

Position applied for: _____ Full time _____ Part time _____

Salary required: Hourly _____ or Annual _____

NHA Policy #02-014: "Nepotism" prohibits the hiring of anyone with relatives currently employed at any NHA site. Please ask to speak to any NHA hiring manager or Human Resources if further clarification is required.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

Applicant's Name _____
(Last) (First) (M.I.)

Street Address _____ Apt. # _____
(Number) (Street Name)

(City) (State) (Zip Code)

Telephone # _____ Social Security # _____

Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of U.S. citizenship or immigration status will be required upon employment)

Have you ever been convicted of or plead no contest to a crime? _____ No _____ Yes; if "yes,"
please explain: _____

Have you ever served in the U.S. Armed Forces: _____ No _____ Yes?

Reserve Status _____ Will you require time away to fulfill reserve
requirements (this will not affect the hiring decision)? _____ If so, how much time will
you require each year? _____

Do you have any physical or mental impairment, or other disability, that may limit your ability to do
the job for which you are applying? _____ No _____ Yes. If "yes," please describe _____



NEIGHBORHOOD
Health Association

Were you previously employed by us? ___No ___Yes If so, when _____ *

When are you available to start work? _____

Are you currently employed? ___No ___Yes

If yes, may we contact your employer? ___No ___Yes

EDUCATION

SCHOOL	NAME & ADDRESS	# OF YRS. ATTENDED	DID YOU GRADUATE?	MAJOR OR FIELD
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
TECHNICAL SCHOOL				
GRADUATE SCHOOL				
OTHER				

Do you have a job related license or certificate? ___No ___Yes If yes, please specify:

If there is an employer that you prefer that we do not contact, please list his name below and the reasons why would like us not to contact him. _____

Former employers (list present or most recent employer first, then previous employers in chronological order. A resume may be substituted for the "description of duties" in this section.)

***Please ask for the locations and names of our facilities.**



NEIGHBORHOOD
Health Association

Date Employed: _____	Employer's Name: _____	Supervisor's Name: _____
Date Left: _____		
Starting Salary: _____		
Ending Salary: _____	Employer's Address: _____	Supervisor's Title: _____
Title: _____		
	Employer's Telephone: _____	Reason for Leaving: _____ _____ _____

Description of your Duties: _____

Date Employed: _____	Employer's Name: _____	Supervisor's Name: _____
Date Left: _____		
Starting Salary: _____		
Ending Salary: _____	Employer's Address: _____	Supervisor's Title: _____
Title: _____		
	Employer's Telephone: _____	Reason for Leaving: _____ _____ _____

Description of your Duties: _____



NEIGHBORHOOD
Health Association

Date Employed: _____	Employer's Name: _____	Supervisor's Name: _____
Date Left: _____	_____	_____
Starting Salary: _____	Employer's Address: _____	Supervisor's Title: _____
Ending Salary: _____	_____	_____
Title: _____	Employer's Telephone: _____	Reason for Leaving: _____
	_____	_____

Description of your Duties: _____

Professional References Only: These references should have the ability to attest to the quality and scope of your abilities relative to the job for which you are applying. These references should not include relative or personal references.

Name and Occupation	Address	Telephone Number

*NEIGHBORHOOD HEALTH ASSOCIATION
NON-CONTRACT EMPLOYMENT APPLICATION
APPLICANT'S AFFIRMATION OF APPLICATION*



I hereby certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I acknowledge that if employed by the Neighborhood Health Association, any employment relationship is of "at will" nature, which means that you may resign at any time and that NHA may discharge at any time with or without cause. It is further understood that this relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Employer.

The Neighborhood Health Association has a Drug Free Workplace Policy that requires drug testing of all new employees as part of the pre-employment screening process. Applicants will be required to voluntarily submit to a urinalysis at a laboratory chosen by the company. Our policy also states that 10% of all NHA employees will be randomly tested yearly.

Signature of the Applicant

Date

The Neighborhood Health Association is an Equal Opportunity Employer. We do not discriminate on the basis of race, creed, color, gender, national origin, military status or disability.

The Neighborhood Health Association is a drug free and smoke free environment.

The Neighborhood Health Association is committed to the tenets of its mission, integrity and hard work.

nha

NEIGHBORHOOD
Health Association

PLEASE USE THIS PAGE FOR ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE