

# Ravenwood Health Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, ancestry, disability and/or handicap, marital or veteran status, or any other legally protected status.

***Please print your responses. Thank you for your interest in our company.***

## PERSONAL INFORMATION

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Email Address \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street
Apt. No. and/or P.O. Box (if applicable)

City/State/Zip Code \_\_\_\_\_

Area Code/Phones: \_\_\_\_\_  
Day
Evening

If driving is an essential function of any job for which you are considered, are you a licensed driver? Yes\_\_\_ No\_\_\_

Are you 18 years old or older? Yes\_\_\_ No\_\_\_

List all states in which you have lived or resided for the last 10 years: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

### INSTRUCTIONS:

Beginning with your present or most recent employer, list **all** employers for whom you have worked for the last 7 years. Please enter all information even when submitting a resume.

1. Employer's Name \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Employer's Location \_\_\_\_\_  
(complete address not necessary)

Supervisor's Name and Title \_\_\_\_\_

Job Title \_\_\_\_\_ Pay Rate \_\_\_\_\_

Date Hired \_\_\_\_\_ Date Separated \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer? Yes\_\_\_ No\_\_\_

2. Employer's Name \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Employer's Location \_\_\_\_\_  
(complete address not necessary)

Supervisor's Name and Title \_\_\_\_\_

Job Title \_\_\_\_\_ Pay Rate \_\_\_\_\_

Date Hired \_\_\_\_\_ Date Separated \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_

3. Employer's Name \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Employer's Location \_\_\_\_\_  
(complete address not necessary)

Supervisor's Name and Title \_\_\_\_\_

Job Title \_\_\_\_\_ Pay Rate \_\_\_\_\_

Date Hired \_\_\_\_\_ Date Separated \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_

4. Employer's Name \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Employer's Location \_\_\_\_\_  
(complete address not necessary)

Supervisor's Name and Title \_\_\_\_\_

Job Title \_\_\_\_\_ Pay Rate \_\_\_\_\_

Date Hired \_\_\_\_\_ Date Separated \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact this employer? Yes \_\_\_ No \_\_\_

List all other employers (if necessary, use additional sheet to include last 7 years).

**EDUCATION:** Did you graduate from high school (or obtain G.E.D.)? Yes \_\_\_ No \_\_\_  
 Did you attend college/university? Yes \_\_\_ No \_\_\_

If yes, please list colleges/universities attended, number of years attended, and degree and major if you graduated.

College/University (include city & state)	Number of Years Attended	Did You Graduate? Yes / No		Degree and Major

Please list any scholastic honors, awards, subjects of special study, research, publications and/or thesis:

\_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL INFORMATION

Position applied for or type of work desired \_\_\_\_\_

Date you can start \_\_\_\_\_

Availability (*check all that apply*):  Full time  Part time  Temporary  Evenings  Weekends

Are you willing and available to work overtime as necessary? Yes \_\_\_ No \_\_\_

Can you travel if the job requires it? Yes \_\_\_ No \_\_\_

Are you able to perform the duties of the job you are applying for with or without accommodation? Yes \_\_\_ No \_\_\_

If you require an accommodation, please describe:

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Have you ever been convicted of a criminal offense? Yes \_\_\_ No \_\_\_

If yes, for each conviction, provide the date and place of conviction and the type of crime, below.

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*A conviction will not necessarily bar you from employment.*

Are you legally entitled to work in the United States? Yes \_\_\_ No \_\_\_

Describe the computer systems and software with which you have worked. Rate your proficiency in each (1 = limited knowledge; 5 = extremely skilled): \_\_\_\_\_

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Describe any specialized training, apprenticeships and/or skills that you possess that you believe are relevant to the position for which you are applying: \_\_\_\_\_

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Do you have any other experiences, skills, or abilities that you feel especially qualify you for work with our company? \_\_\_\_\_

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## PROFESSIONAL ASSOCIATIONS, CERTIFICATIONS, OR LICENSES

Please list any professional, trade, business or civic activities in which you have been involved, and offices held. You may exclude membership or activities which would reveal race, color, religion, creed, gender, national origin, age, ancestry, disability and/or handicap, or any other legally protected status. Also list any certifications or licenses that you possess, including the state(s) in which they are valid:

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**Within the last 10 years:**

Have you ever been disciplined or discharged from any employment (or resigned in lieu of discharge) for poor job performance, theft or a related offense, fighting or assault, insubordination, violation of safety rules, absenteeism or any attendance related reason? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been disciplined or discharged from any employment (or resigned in lieu of discharge) for any reason other than those listed above? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

**PRE-EMPLOYMENT STATEMENT**

***PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW.***

In consideration of the acceptance of my application by Ravenwood Health, I understand, agree and/or certify to the following:

1. I certify that all information I have provided on this application, and on any other documents submitted with it, is true, accurate, and complete to the best of my knowledge and belief. I understand that falsification, misrepresentation or omission of any information on my application, resume, or any other materials, or which I supply during any interviews, will be justification for withdrawing any offer of employment or, if employed, termination from employment, **regardless of when the falsification, misrepresentation or omission is discovered by Ravenwood Health.**
2. Any offer of employment I may receive from Ravenwood Health is contingent upon my successful completion of the company's total pre-employment screening process. This process may include, but not be limited to, the following:
  - a. Receipt by the company of references that it considers satisfactory;
  - b. My satisfactory completion of any post-offer pre-employment medical examination that Ravenwood Health may require;
  - c. Passing a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to a medical examination or an alcohol and/or drug screening at any time at the discretion of Ravenwood Health. I hereby consent to having the results of any such post-offer pre-employment or post-employment medical exam or alcohol and/or drug screening disclosed to Ravenwood Health.
3. I hereby grant Ravenwood Health permission to contact all of my present and former employers and those individuals I have listed as personal references (unless specifically excluded in writing). I authorize and request that such employers and references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities, and other qualities pertinent to my qualifications for employment. Further, and in accordance with the *Authorization to Obtain a Consumer Report*, which has been provided me, I authorize Ravenwood Health, or its agent, to obtain transcripts from all educational institutions I have attended and to conduct whatever additional investigation (e.g., educational verification, criminal check, motor vehicle record, and credit check) which may be needed to obtain or verify information regarding my application, resume, any other materials, or any interviews, or concerning my qualifications for employment. I hereby release all parties from any and all liability for damages arising from furnishing the requested information.
4. **I also understand that, if hired, at all times my employment is to be "At Will" and that either I or Ravenwood Health may terminate my employment at any time, with or without cause, unless the "At Will" arrangement is modified by a written agreement signed by both me and the President of the organization. No verbal representations contrary to my "At-Will" status may be relied upon.**
5. I authorize Ravenwood Health to deduct and/or withhold from my final paycheck any amounts due and owing by me for my failures, if any, to return any Ravenwood Health property and/or to satisfy any financial obligations to Ravenwood Health that I may have, arising or occurring prior to the date of the issuance of my final paycheck.
6. I understand that my application will remain active for 60 days, and that to be considered for a job with Ravenwood Health after that, I must reapply. If I am hired, this application becomes part of my official employment record.
7. **I UNDERSTAND THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH RAVENWOOD HEALTH MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I HEREBY AGREE TO WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

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*Applicant's Signature and Date*