



HagatñaMED CLINIC

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, disability or any other legally protected status

Please Print –Fill out completely

CURRENT POLICE & COURT CLEARANCE REQUIRED – CLEARANCES OLDER THAN 1 WEEK WILL NOT BE ACCEPTED

Position (S) Applied for: **Date of Application:**

Last Name **First Name** **Middle Name**

Address **Hm Telephone** **Cell**

City **State** **Zip** **Email**

How Did You Learn about Us?

Newspaper Internet Friend Employment Agency _____

Walk-in Business Referral Relative Other _____

On what date would you be available for work? ___ / ___ / ___ Can you work: Days Nights
 Weekends Holidays

Are you available to work Full Time Part Time

Are you currently on “Lay-Off” status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last seven years? Yes No
If yes, Explain:

If you are under Eighteen years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, when? _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the United States of America because of visa or immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment

Are you physically or otherwise able to perform the duties of the job for which you are applying with or without *reasonable accommodation*? Yes No

Employment Experience

Start with your present or most recent work experience. Include any job related military service assignments and volunteer activities. You may exclude organization, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates of Employment Start: End:	Job Title
Address	Hourly Rate/Salary Starting:	Work Performed
Tel:	Final:	
Reason For Leaving:		

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If you need additional space please continue on reverse side of paper.

Employee Classification

1st Position Desired	Lowest Salary Desired (\$/hr)	
2nd Position Desired	Lowest Salary Desired (\$/hr)	
Are you currently employed	If so, may we inquire of your present employer?	
Have you ever previous applied to HagatnaMED?	Where?	When?

Education

Elementary School

High School

*Undergraduate
College
/University*

*Graduate/
Professional*

	<i>Elementary School</i>	<i>High School</i>	<i>Undergraduate College /University</i>	<i>Graduate/ Professional</i>
School Name and Location				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra curricular activities				
List any Certifications you may have received. Include the date of Receipt.				
State any additional information you feel may be helpful to us in considering your application				

Special Skills and Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

Indicate any Foreign Languages you can Speak, Read and/or Write

	<i>Fluent</i>	<i>Good</i>	<i>Fair</i>
Speak			
Read			
Write			

List Professional, Trade, Business or Civic Activities and Offices held

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Emergency Notification

Name of Person to Notify in Case of Emergency	Relationship
Address	
Telephone Number	

References

Give name, address and telephone number of three references who are not related to you and are previous employers

1 _____
2 _____
3 _____

Applicant Certification

Please Initial Each Certification

_____ I 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. I also authorize all past employers and references listed on this application and any attached resume to provide to HagatnaMED all employment information pertinent to my application for employment.

_____ This application for employment shall be considered active for 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 that time.

_____ The applicant understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

_____ In the event of employment I understand that false or misleading information provided on this application form, resume or during the interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

By signing this a application, the applicant hereby assures HagatnaMed that he/she has no outstanding warrants, criminal charges, or any other legal matters that may conflict with his/her employment.

Applicant Name (Print)

Applicant Signature