

Ravenwood Health Employment Application

We consider applicants for all positions without regard to on race, color, sex, age, religion, ancestry, national origin, citizenship, disability, military or veteran status, sexual orientation, genetic information, or any other legally protected status throughout the employment process.

Please print your responses. Thank you for your interest in Ravenwood Health.

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: _____

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: _____
 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: _____
 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: _____
 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.

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:

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:

ADDITIONAL INFORMATION

Where you referred by a Ravenwood Health staff member? Yes No

If yes, please provide the name of the person that referred you: _____

Position applied for or type of work desired: _____

Date you are available to start: _____

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

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: _____

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

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

Do you have any other experiences, skills, or abilities that you feel especially qualify you?

Have you ever been convicted of a criminal offense other than a speeding ticket or minor misdemeanor? Yes No

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

A conviction will not necessarily bar you from employment.

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: _____

Is there anything that would come up on your background check that may affect your employment with Ravenwood Health? 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.

Applicant Signature:

Date:

Please list 3 Professional References that we may contact:

Name: _____

Company: _____

Phone: _____

Email: _____

Years Known: _____

Name: _____

Company: _____

Phone: _____

Email: _____

Years Known: _____

Name: _____

Company: _____

Phone: _____

Email: _____

Years Known: _____