

HEALTHCARE ON THE SQUARE

Medical Center * Pharmacy * Dental Center * Boydton Fitness Center
380 Washington Street, Boydton, VA 23917

Applications that are incomplete will not be considered. This application will remain active for ninety (90) days.

Application for Employment

PERSONAL INFORMATION

This is an Equal opportunity employer. Federal and state Laws prohibit discrimination in employment because of sex, age, race, color, creed, religion, natural origin or disability.

Name: Last / First / Middle	Social Security Number	Phone Number
Address: Street/ City / State / Zip Code		
Position(s) you are applying for:		Email Address
Have you ever been convicted of, or have pending charges for a felony or misdemeanor (other than a minor traffic violation) either within the Commonwealth of Virginia or anywhere else? If yes, please explain in detail.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide documentation of your ability to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Shift(s) you can work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Daytime <input type="checkbox"/> Evening		
Were you previously employed by us? If yes, give dates. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If selected for employment, on what date will you be available for work?		

EDUCATION

School	Name of School and Address	Last year completed (circle)	Course of Study	Diploma/ Degree
Elementary		5 6 7 8		
High School		9 10 11 12		
College		1 2 4 5		

OTHER TRAINING OR DEGREES

School	City	State	Course
Degrees Earned	Current License or Certification No.	Registry Certification Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
School	City	State	Course
Degrees Earned	Current License or Certification No.	Registry Certification Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	

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EMPLOYMENT

List Last Employer First

Date/Mo./Yr.	Name, Address and Telephone No. of Employer
From:	
To:	
Salary/ Position	
Reason for Leaving	
Date/Mo./Yr.	Name, Address and Telephone No. of Employer
From:	
To:	
Salary/ Position	
Reason for Leaving	
Date/Mo./Yr.	Name, Address and Telephone No. of Employer
From:	
To:	
Salary/ Position	
Reason for Leaving	

SPECIAL SKILLS AND QUALIFICATIONS

List Special Job-Related Skills and Qualifications Acquired From Employment

List Other Qualities or factors you feel to be helpful to us in considering your application for this position

May We Contact Your Present Employer at This Time? If not, why? Yes No

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that HCS has disclosed to me that an investigative Consumer report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE HCS to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by HCS and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose HCS any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the Executive Director of the Company has the authority to enter into any agreement for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and HCS's Terms of Employment and Policy and procedures, as amended from time to time by the Company.

Applicant's signature _____ Date _____

Thank you for completing this application. Your interest in HealthCare on the Square is appreciated.

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Notice to Applicants

If any accommodations are required because of a physical or mental disability to participate in any part of the application process make it known to the person processing your application.

If pre-employment screening tests are mandatory and you need accommodations due to a physical or mental disability to complete the screening tests make this known to the test administrator.

If employment is offered and you will need accommodations to perform fundamental job functions make it known to the person processing your application.

Signature _____ Date _____