

Portsmouth Community Health Center, Inc.

d/b/a Hampton Roads Community Health Center

Department of Human Resources

664 Lincoln Street

Portsmouth, VA 23704

Office: (757) 393-6363 x315

FAX: (757) 215-4440

Email: bwillis@hrhc.org

Website: <http://www.hrhc.org>

APPLICANT INFORMATION

This information is voluntary and will not be used for making employment decisions. It will not be kept with your application for employment. This information is needed to analyze and ensure compliance with state and federal employment laws and to meet the reporting requirements of these laws.

Position Applied For: _____ Position # _____

Name _____ Social Security # _____
Last First Middle

Address: _____
Number/Street City State Zip Code

Home Phone (____) _____ Work Phone (____) _____

Email Address: _____

I am applying for a position at which location: Lincoln Street in Portsmouth, VA Granby Street in Norfolk, VA

I have submitted: Employment Application Resume On-line Application

Check the appropriate box: Male Female

Check the appropriate space for the racial or ethnic group with which you identify:

- White
- Black/African-American
- Spanish/Hispanic/Latino
- American Indian or Alaska native
- Asian/Pacific Islander/Indian
- Other, please indicate race

How did you find out about this employment opportunity?

- Department of Human Resources
- Newspaper
- Friend/Relative
- Outreach Program
- Company Employee
- Internet
- Job Fair
- Other _____

Please indicate name of source or location.

Hampton Roads Community Health Center, Inc. complies with EEO/ADA guidelines and is a drug-free workplace

This corporation is an equal opportunity employer and does not discriminate in employment practice because of race, color, religion, age, gender, disability, veteran status, or national origin. Applications will be considered valid up to one (1) year from the date of submission. Only completed and signed applications will be processed and considered.

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APPLICATION FOR EMPLOYMENT

(Please Type or Print Information)

Date _____

PERSONAL INFORMATION

Position Applying for _____ Job # _____

Name _____ Social Security # _____
 Last First MI

Address _____
 Number/Street City State Zip Code

Home Telephone _____ Cell Phone _____ Work Phone _____

Email: _____

GENERAL BACKGROUND INFORMATION

Are you a citizen of the United States? If no, do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	YES	NO
Have you ever applied for a position with Hampton Roads Community Health Center?	YES	NO
Have you ever been employed by Hampton Roads Community Health Center? If yes, give dates of employment. From: _____ To: _____ Position Held: _____	YES	NO
Do you have any relatives currently employed at Hampton Roads Community Health Center? If yes, please give name, relationship, department, and position.	YES	NO
Do you currently use tobacco products?	YES	NO
Do you have any pending criminal charges against you? If yes, which one <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor (including driving-related misdemeanors such as driving under the influence, reckless driving, and driving on a suspended license). Briefly explain and give city, state, and dates:	YES	NO
Have you ever been convicted of a misdemeanor (including driving-related misdemeanors such as driving under the influence, reckless driving, and driving on a suspended license) or felony? If yes, briefly explain and give city, state, and dates: An affirmative response will in and of itself not disqualify you from employment with Hampton Roads Community Health Center	YES	NO

EDUCATIONAL BACKGROUND

Check the Highest Level Completed:	Elementary <input type="checkbox"/>	Secondary <input type="checkbox"/>	College <input type="checkbox"/>	Graduate School <input type="checkbox"/>	Post Graduate <input type="checkbox"/>
Name of College or University Attended	Location City/State	Hours Completed	Degree Earned	Major or Specialty	Dates Attended

Other Schools (i.e., vocational, technical, business, etc.)					

LICENSES AND CERTIFICATIONS

Indicate type of Driver’s License: Standard | Commercial (CDL) | Class _____ | State ____ | Expiration _____

List any licenses/certifications or other authorizations you possess to practice a trade or profession (CPA, CPR, LCSW, Lifeguard training, WSI, PE, etc.) including state and expiration date:

	State	Expiration

COMPUTER SKILLS

Indicate computer skills: Word Excel Access Typing Speed _____ WPM

List any additional software experience: _____

SPECIAL TRAINING OR EXPERIENCE

Please indicate the number of years of experience in the area(s) listed below.

- | | | |
|-----------------------------|-----------------------|---------------------------|
| _____ Accounting | _____ Data Entry | _____ Transportation |
| _____ Patient Account Rep | _____ Cashier | _____ Receptionist |
| _____ Medical Assistant | _____ Nursing | _____ Pharmacy Technician |
| _____ Laboratory Technician | _____ Case Management | _____ Medical Records |

EMPLOYMENT/VOLUNTEER EXPERIENCE

The Application for Employment and all supplementary forms must be completed. A resume maybe attached along with the completed application form. **Starting with you most recent position**, describe all paid work experience, military service, and applicable volunteer experience. Describe those duties and responsibilities which best demonstrate your qualifications for this position.

Please indicate the number of additional forms attached to this application: _____

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment: From: To:	Hours per week: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Reason for Leaving:	Current Salary: annual/hourly
Job Duties:	Job Duties:
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Work Experience

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment: From: To:	Hours per week: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Reason for Leaving:	Current Salary: annual/hourly
Job Duties:	Job Duties:

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment: From: To:	Hours per week: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Reason for Leaving:	Current Salary: annual/hourly
Job Duties:	Job Duties:

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment: From: To:	Hours per week: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Reason for Leaving:	Current Salary: annual/hourly
Job Duties:	Job Duties:

PRIVACY ACT NOTICE

All or part of your completed employment forms may be disclosed by the Department of Human Resources to:

1. Consider applicants for employment, reinstatement, transfer, promotion, or demotion.
2. Federal, state, or local agencies subsequent to your employment to create other personnel records after you have been employed with Hampton Roads Community Health Center.
3. Appropriate federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation of the law.
4. A requesting federal, state, or local agency to the extent the information is relevant to the requesting agency's decision
5. Responding to a request for statistical information (without your personal identification) and for statistical reporting within the city or state.
6. Persons, firms, or agencies asserting claims or suits against Hampton Roads Community Health Center, Inc., to public agencies conducting investigations into company operations, and to courts, when required by law.

APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information supplied by me in this application is complete and true to the best of my knowledge. I understand that any misstatement or omission of material facts shall cause forfeiture on my part of all rights to any consideration for employment, transfer, or promotion in the service of Portsmouth Community Health Center, Inc. I will notify the Department of Human Resources of any change of address and understand that failure to do so will result in my name being removed from further consideration. Any information regarding former or current employment with Hampton Roads Community Health Center, Inc. may be released to necessary individuals for the sole purpose of determining my eligibility for reemployment, transfer, or promotion. Permission is granted to contact my present and previous employers for information concerning my employment history. I also understand that I may be required to furnish names of character references. I release all such persons from any liability or damage for providing such information.

If hired, I understand that the first ninety (90) calendar days of employment are a probationary period, and that I may be subject to dismissal at any time at the discretion of the employer. Upon receiving a job offer, or whenever requested thereafter, I agree to submit to a physical examination and/or drug screening test as a condition of continued employment. I agree to abide by all existing and subsequently issued company policies, procedures, standards, rules, and guidelines. I acknowledge that Hampton Roads Community Health Center, Inc. is a drug-free and smoke-free workplace.

I certify that I have read (or had read to me) the job specifications and posted requirements for this position, and that I am fully capable of performing all the essential functions of the position with without any reasonable accommodation.

If you will need one or more reasonable accommodation(s) in order to perform the essential functions of the position, please list and explain all necessary accommodations:

Signature _____ Date _____

I understand that my signature on this application is neither a contract nor an implied contract of employment. Nor does this application represent a complete statement or final authority on Hampton Roads Community Health Center, Inc. policies, procedures, standards, guidelines, or rules.

An Applicant Information Form should accompany this application. If you did not receive this form, please contact the Department of Human Resources.

This corporation is an equal opportunity employer and does not discriminate in employment practice because of race, color, religion, age, gender, disability, veteran status, or national origin. Applications will be considered valid up to one (1) year from the date of submission. Only completed and signed applications will be processed and considered.

GENERAL INFORMATION

1. Hampton Roads Community Health Center, Inc. accepts applications for open positions only.
2. A separate application is required for each position for which you wish to apply. A photocopy of the application will be accepted. However, each application must contain an original signature.
3. Resumes may be attached to applications, if desired.
4. Current vacancies are generally advertised.
5. Employment opportunities are generally posted on Company bulletin boards and in the Human Resources Department.
6. Job candidates may request an Employment Application at any company location or by contacting the Human Resources Department.
7. Applications/resumes must be received by the Department of Human Resources by the closing date listed on the position announcement notice.
8. Applicants are responsible for copying any documentation to be included with the application. Documents attached to the application become a permanent part of the record and are not returned.
9. DMV Records – some positions may require a current copy of your Division of Motor Vehicles driving record. This record must be current (within the last 30 days) and must accompany your application. Applications/resumes without the required record check will not be considered.
10. Applicants may be required to provide a copy of a diploma, degree, or any certification claimed on the application.
11. Applicants selected for interview are notified by telephone or by mail.
12. Job applications for those not selected for a specific position are kept on file only for the life of the vacancy.
13. Applicants are not automatically considered for future vacancies. Should you become aware of another position for which you wish to apply, you must submit an application for that vacancy.
14. Hampton Roads Community Health Center, Inc. conducts pre-employment drug screenings.

HAMPTON ROADS COMMUNITY HEALTH CENTER, INC.
664 Lincoln Street
Portsmouth VA 23704

AUTHORIZATION FOR REFERENCE CHECK

I have applied for employment with Hampton Roads Community Health Center. I hereby authorize Hampton Roads Community Health Center to request such information as necessary, and to verify the information I have provided on the Employment Application form. My signature authorizes you to release information to Hampton Roads Community Health Center.

Signature of Applicant _____

Date _____

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Signature of Applicant _____

Date _____

PERSONAL REFERENCE LIST

Please list five references, individuals **not** related to you, that we may contact:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Cell Phone: _____

() Business/Professional

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Cell Phone: _____

() Business/Professional

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Cell Phone: _____

() Business/Professional

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Cell Phone: _____

() Business/Professional

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Cell Phone: _____

() Business/Professional

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Cell Phone: _____

() Business/Professional

Release for Background Check

This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes.

By signing the release below, I hereby authorize **Hampton Roads Community Health Center** to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history to **Hampton Roads Community Health Center**.

I release from all liability all persons, companies, schools supplying such information. I indemnify **Hampton Roads Community Health Center** against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name: _____

(Please print) Other names used: _____

Address: _____

City/State/Zip: _____

Date received degree (if applicable) _____

Social Security #: _____

Driver's License Number & State: _____

Date of Birth: _____

(Signature of Applicant)

(Date)

THE AMERICANS WITH DISABILITIES ACT (ADAAA)

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

If an offer of employment is made, I agree to submit to a medical examination, including a drug test, and understand that my subsequent employment will be contingent on the results of the medical examination and drug test.

I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers' compensation claim history, and that all such information will be retained by the examining physician in his/her confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

Signature

Date