East Central District Health Department

Good Neighbor Community Health Center

4321 41st Avenue, Columbus, NE 68601 ● 402-563-9224 ● ADMINISTRATION FAX 402-563-0544 ● CLINIC FAX 402-564-0611

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment.

Applicant Information

First Name _____ Last Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Position Applied For _____ Desired Wage _____

Desired Type of Employment ☐ Full-Time ☐ Part-Time ☐ PRN ☐ Contract

Can you provide proof of legal employment authorization & identity?	☐ Yes	☐ No
Have you ever been previously employed by our Agency?	☐ Yes	☐ No
Do you have any family or friends employed by our Agency?	☐ Yes	☐ No
Are you at least 18 years of age?	☐ Yes	☐ No
Have you been convicted of any crime in the past 7 years?	☐ Yes	☐ No

If yes, please explain. (a conviction will not automatically disqualify from employment) _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past three employers or ten years starting with the most recent:

#1 Employer Name _____ Position Held _____

Address _____ City, State & Zip _____ Phone Number _____

Phone _____ Email Address _____

Dates of Employment _____ Job Title _____ Wage _____

Job Summary _____ Reason for Leaving _____

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#2 Employer Name | Position Held

Address | City, State & Zip | Phone Number

Phone | Email Address

Dates of Employment | Job Title | Wage

Job Summary | Reason for Leaving

#3 Employer Name | Position Held

Address | City, State & Zip | Phone Number

Phone | Email Address

Dates of Employment | Job Title | Wage

Job Summary | Reason for Leaving

Other Skills and Qualifications

Summarize and job-related skill, certification or languages, etc.:

Licensure Information

Type of License | License Number | Issuing State

Type of License | License Number | Issuing State

Any voluntary and involuntary relinquishment of license or registration? ☐ Yes ☐ No

Any voluntary and involuntary termination of medical staff membership at another organization? ☐ Yes ☐ No

Any voluntary or involuntary limitation, reduction, or loss of clinical privileges? ☐ Yes ☐ No

Any professional liability actions that resulted in a final judgment against the applicant? ☐ Yes ☐ No

If you answered yes, to any of these questions please explain.

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Education History

List school name and location, graduation date, course of study, and any degrees earned:

	Location		Graduation Date			Degree Earned
High School						
College						
Graduate School						
Post Graduate						

References

List 3 references, including names, email, telephone numbers, and years known (do not include relatives):

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize the employer to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide the employer with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I give permission to all current or previous employers and/or managers to discuss my personal and employment history with the employer, consent to the release of such information, and release them from all liability and all claims based upon any statements or information they provide.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one with the employer has the authority to make oral contracts of employment. If hired, my employment relationship is terminable at-will, with or without cause, by either myself or the employer.

I also understand that any offer of employment may be conditional upon my passing a background check and drug/alcohol test administered by a health care professional selected by the employer, to which I hereby consent.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature _____ Date _____

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INVITATION TO SELF-IDENTIFY FOR EMPLOYEES AND POST-OFFER APPLICANTS

East Central District Health Department is an equal opportunity employer and does not discriminate in hiring or in any other terms or conditions of employment in accordance with the requirements of all applicable local, state and federal laws.

The Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites you to voluntarily self-identify your gender and race/ethnicity. The Company also invites you to self-identify any disability or veteran status.

In extending this invitation you are advised that: (a) you are under no obligation to respond, but may do so in the future if you choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. Refusal to provide this information will not subject you to any adverse treatment.

Which gender do you identify with?

☐ Female
☐ Male
☐ I choose not to identify

Which race/ethnicity do you identify with? Please mark the one category with which you primarily identify.

☐ **Hispanic or Latino**: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **White**: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American**: a person having origins in any of the black racial groups of Africa.

☐ **Asian**: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander**: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **American Indian or Alaska Native**: a person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Two or More Races**: a person who primarily identifies with two or more of the above race/ethnicity categories.

☐ I choose not to identify

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Veteran Status:

☐ **Recently Separated Veteran**: A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

☐ **Armed Forces Service Medal Veteran**: A veteran who participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

☐ **An Active Duty Wartime or Campaign Badge Veteran**: A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. For a complete list of protected veterans, contact Human Resources.

☐ **A Disabled Veteran**: A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

☐ Not a veteran in any of the above categories.

☐ I choose not to identify

Disability Status:

☐ **An Individual with a Disability:** A person having a physical or mental impairment or medical condition that substantially limits a major life activity, or having a history or record of such an impairment or medical condition.

☐ No disability.

☐ I choose not to identify

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job.

Print Full Name

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

This form will not be accepted if altered, modified, illegible or incomplete

By signing this Authorization Form, I, the undersigned, hereby consent to the inspection by **East Central District Health Department,** or its representative, **Reality Check Screening, LLC,** of all records and documents that may be material to an evaluation of my professional qualifications, credentials, competence, character, general reputation, ethics, behavior, or any other matter that may be considered material to my qualification or re-qualification for affiliation, appointment or employment (including contract for services). I understand that this investigative consumer report may include the inspection and/or verification of any information provided to the above named sources in the form of an application, CV or resume, or information gained from third party informants including the following sources: educational and training records, professional organization or association records, public court record information, licensing boards, certifying boards and agencies, regulatory agencies, insurance claims history records, driving records, contact with references and any other records or third parties that may have information bearing upon my application. Additionally, I hereby consent to the release of my military personnel records and related medical records and I authorize the National Personnel Records Center, or other custodian of my military records to release the information and/or copies of documents from my military service record.

Contact with, and information provided from the above sources delineates the nature and scope of the investigative consumer report prepared by **Reality Check Screening, LLC**, **2188 Hwy JJ, Moberly, MO 65270; 660-263-4299**; https://www.realitycheckscreening.com. I acknowledge that I may receive a written summary of my rights pursuant to the Fair Credit Reporting Act (FCRA) 15 USC §. 1681 et. seq, (available online from the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been completed and to request a copy of your report.

I hereby release from liability all representatives and agents of the aforementioned organizations for their acts performed in good faith and without malice in connection with evaluating my application. The scope of this disclosure is all-encompassing allowing **East Central District Health Department** to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law. I provide my consent and authorize any of the aforementioned sources to furnish information and/or verification of information as requested.

I acknowledge that a copy of this Authorization for Release of Information shall be as binding as the original.

____ ______________________________

Signature **Date**

____

Print Full Name

Please initial below:

_____I grant permission to contact my current employer

_____ I DO NOT grant permission to contact my current employer until further notice

- -

I acknowledge that the identifying information requested below is for purposes only of review and proper identification of any/all source information as outlined above. Personal identifying information listed below will not be provided to any sources that do not require same for verification/identification purposes.

______________________________________ ______________________________________

Print Name as commonly used (if different than above) Social Security Number

______________________________________ ______________________________________

Date of Birth (month / day / year) Gender (enter Female/F or Male/M)

______________________________________ ______________________________________

Drivers License # (exactly as it appears on Drivers License) **List former surnames and/or aliases / maiden name, etc. And Dates Utilized**

Reality Check abides by and complies with all applicable federal laws as provided in the FCRA governing an investigative consumer report, as well as the FACTA Disposal Rule regarding use, storage and disposal of private information contained herein.