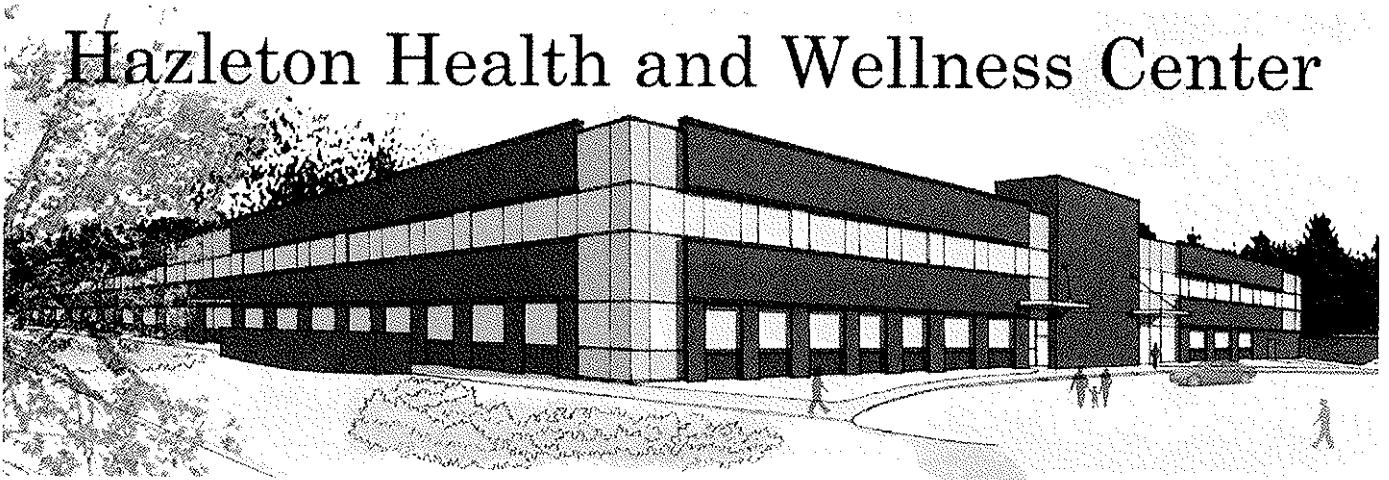


EMPLOYMENT APPLICATION

Hazleton Health and Wellness Center



50 Moisey Drive
Hazleton, PA 18202



Personal information

Name last				first		middle	
Address street and number			city		state and zip code		
Telephone work		home			Social Security number		
Age group		<input type="checkbox"/> under 18 <input type="checkbox"/> 18 & over		U.S. Citizen?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Can you verify your legal right to work in the United States by providing a birth certificate, proof of U.S. Citizenship, or by some other means? <input type="checkbox"/> yes <input type="checkbox"/> no							

Employment interests

Position you are applying for: _____

Availability: full-time days weekends
 part-time evenings rotate
 temporary nights date available to start
 per diem/casual

Background

How did you learn of this position? _____

What interests you about this position? _____

Military Record

Branch: _____ From _____ To _____

Honorable Discharge: yes no Reason: _____

Have you ever been convicted of a felony? no yes (see below)

(A yes answer will not necessarily disqualify you from employment. Any information provided in response to this inquiry will be considered only to the extent that it is job related.)

Please explain: _____

Licensure

Professional registry, license, certification:

state issued:	number:	date issued:	date of expiration:
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List relevant technical equipment trained to use and special skills:

Education

No. of years completed	School	Name and address	Graduated	Major
	High school		<input type="checkbox"/> yes <input type="checkbox"/> no	
	College or University		<input type="checkbox"/> yes <input type="checkbox"/> no	
	Technical or professional		<input type="checkbox"/> yes <input type="checkbox"/> no	
	Graduate school		<input type="checkbox"/> yes <input type="checkbox"/> no	

Employment history

Dates month/year	List employers beginning with your present or most recent		
from:	Name of employer	Job title	Salary
to:	Complete address	Supervisor's name	Telephone number
Duties		Reason for leaving	

Dates month/year	List employers beginning with your present or most recent		
from:	Name of employer	Job title	Salary
to:	Complete address	Supervisor's name	Telephone number
Duties		Reason for leaving	

Dates month/year	List employers beginning with your present or most recent		
from:	Name of employer	Job title	Salary
to:	Complete address	Supervisor's name	Telephone number
Duties		Reason for leaving	

Please list any additional employers on a separate sheet of paper.
Please submit resume with application.

APPLICANT STATEMENT

PLEASE BE SURE TO INITIAL WHERE INDICATED AFTER YOU HAVE READ EACH STATEMENT

I understand that this application is not an offer of employment and that by accepting my application the employer does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, the employer reserves and retains the right to make such changes in the terms and conditions of my employment as the employer determines to be necessary or appropriate.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all referenced (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I certify that all information that I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

The Hazleton Health & Wellness Center is an equal opportunity employer and abides by local, state and federal laws and does not discriminate with regard to any aspect of employment, including recruitment, hiring, job placement, promotion, transfer, training, compensation, benefits, disciplinary action, and termination of employment. All employment decisions are made based on an individual's qualifications and other job-related criteria, without regard to race, color, religious creed, ancestry, age, sex, national origin, non job-related handicap or disability, or the use of guide or support animal because of blindness, deafness or physical handicap of the individual.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application stays current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisors or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed. I further acknowledge that no contrary statements, representations, or promises have been made to me regarding the at-will nature of employment with the employer, and I am aware that employer documents such as employee handbooks, personnel policies, and the like, do not constitute contracts of employment between the employer and me.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I further understand that if I am hired as a condition of employment, I will be required to submit to a pre-employment drug screen and criminal background check. If the drug test is positive, I understand the offer for employment will be rescinded and I will not be hired. I am aware that a criminal record is not an automatic disqualification to employment. I further understand that if I am hired reasonable suspicion testing may be required.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date: _____ / _____ / _____