



Bay Clinic, Inc.
Network of Community Health Centers
Hilo, Pāhoā, Kea'au, and Ka'ū

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

LAST NAME:		FIRST NAME:		MIDDLE:		SUFFIX:	
ADDRESS:			CITY:		STATE:		ZIP:
POSITION DESIRED:			SALARY DESIRED:				
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
INTERESTED IN: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/>							
PLEASE INDICATE SITE(S) OF INTEREST: HILO <input type="checkbox"/> PĀHOA <input type="checkbox"/> KEA'AU <input type="checkbox"/> KA'Ū <input type="checkbox"/>							
DATE YOU CAN BEGIN WORK:		PLEASE DESCRIBE WORK AVAILABILITY:					
IS THERE ANYTHING THAT WOULD PREVENT YOU FROM PERFORMING IN A REASONABLE AND SAFE MANNER THE ACTIVITIES INVOLVED IN THE POSITION FOR WHICH YOU ARE SEEKING? YES <input type="checkbox"/> NO <input type="checkbox"/>							
IF YES, WHAT?							
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>							
ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON COMPLETING FORM I-9 AND PROVIDING REQUIRED SUPPORTING IDENTIFYING DOCUMENTATION							
BEST FORM OF CONTACT FOR YOU:							
HOME NUMBER:							
CELL NUMBER:							
EMAIL ADDRESS:							

EDUCATION, CERTIFICATIONS, AND TRAINING:

SECONDARY SCHOOL NAME:		CITY:		STATE:		ZIP:	
UNIVERSITY NAME:			YRS. ATTENDED:		DEGREE:		
UNIVERSITY ADDRESS:				CITY:		STATE:	ZIP:
WEBSITE/PHONE CONTACT:							
OTHER:			YRS. ATTENDED:		DEGREE:		
ADDRESS:				CITY:		STATE:	ZIP:
WEBSITE/PHONE CONTACT:							
OTHER:			YRS. ATTENDED:		DEGREE:		
ADDRESS:				CITY:		STATE:	ZIP:
WEBSITE/PHONE CONTACT:							
OTHER:			YRS. ATTENDED:		DEGREE:		
ADDRESS:				CITY:		STATE:	ZIP:
WEBSITE/PHONE CONTACT:							
OTHER:			YRS. ATTENDED:		DEGREE:		
ADDRESS:				CITY:		STATE:	ZIP:
WEBSITE/PHONE CONTACT:							

IS ALL PREVIOUS EDUCATIONAL EXPERIENCE LISTED? YES NO IF NO, PLEASE LIST ON A SEPARATE SHEET OF PAPER AND ATTACH.

HEALTHCARE-RELATED CERTIFICATIONS (*)required for medical staff - provide copies)**

LICENSURE:	EXPIRES:
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***CPR CERTIFICATION:	EXPIRES:
PALS CERTIFICATION:	EXPIRES:
ACLS CERTIFICATION:	EXPIRES:
OTHER CERTIFICATION(S):	EXPIRES:

WORK HISTORY: Position held, including military service. List most recent positions first. Please list complete work history from college graduation to present place of employment. (Attach a separate sheet if necessary)

MAY WE CONTACT CURRENT EMPLOYERS IF OFFERED A POSITION? YES NO

1.) MOST RECENT POSITION:		ORGANIZATION:	
ADDRESS:	CITY:	ZIP:	TELEPHONE:
DUTIES:		DATE (from - to):	
REASON FOR LEAVING:		SALARY:	

2.) POSITION:		ORGANIZATION:	
ADDRESS:	CITY:	ZIP:	TELEPHONE:
DUTIES:		DATE (from - to):	
REASON FOR LEAVING:		SALARY:	

3.) POSITION:		ORGANIZATION:	
ADDRESS:	CITY:	ZIP:	TELEPHONE:
DUTIES:		DATE (from - to):	
REASON FOR LEAVING:		SALARY:	

4.) POSITION:		ORGANIZATION:	
ADDRESS:	CITY:	ZIP:	TELEPHONE:
DUTIES:		DATE (from - to):	
REASON FOR LEAVING:		SALARY:	

5.) POSITION:		ORGANIZATION:	
ADDRESS:	CITY:	ZIP:	TELEPHONE:
DUTIES:		DATE (from - to):	
REASON FOR LEAVING:		SALARY:	

6.) POSITION:		ORGANIZATION:	
ADDRESS:	CITY:	ZIP:	TELEPHONE:
DUTIES:		DATE (from - to):	
REASON FOR LEAVING:		SALARY:	

OTHER AFFILIATIONS FOR THE LAST TEN YEARS (Attach a separate sheet if needed):

INSTITUTION: _____ DEPARTMENT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
TYPE OF SERVICE: _____

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ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
TYPE OF SERVICE: _____

INSTITUTION: _____ DEPARTMENT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____
TYPE OF SERVICE: _____

PROFESSIONAL REFERENCES:

1.) NAME/TITLE:		TELEPHONE:
ORGANIZATION:	EMAIL ADDRESS:	
RELATIONSHIP TO YOU:		
2.) NAME/TITLE:		TELEPHONE:
ORGANIZATION:	EMAIL ADDRESS:	
RELATIONSHIP TO YOU:		
3.) NAME/TITLE:		TELEPHONE:
ORGANIZATION:	EMAIL ADDRESS:	
RELATIONSHIP TO YOU:		
4.) NAME/TITLE:		TELEPHONE:
ORGANIZATION:	EMAIL ADDRESS:	
RELATIONSHIP TO YOU:		

PERSONAL REFERENCES (Provide contact numbers & attach a separate sheet if necessary):

1.)
2.)
3.)
4.)
5.)

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in immediate discharge if discovered at a later date. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and any other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature: _____ Date: _____