



*3501 Health Center Boulevard*

*Bonita Springs, Florida 34135*

*(239) 949-1050*

*Fax: (239) 949-6116*

## **APPLICATION FOR EMPLOYMENT**

### **EQUAL OPPORTUNITY EMPLOYER**

**BONITA COMMUNITY HEALTH CENTER IS A DRUG FREE/SMOKE FREE WORKPLACE**

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS. FAILURE TO COMPLETE THIS APPLICATION MAY DELAY OR PREVENT PROCESSING.

DATE \_\_\_\_\_

NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN EMPLOYED UNDER A DIFFERENT LAST NAME? IF SO, PLEASE LIST NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ SALARY EXPECTED \_\_\_\_\_

Type of Employment desired: Full Time \_\_\_\_ Part Time \_\_\_\_

If employed, when can you start? \_\_\_\_\_ Can you, after employment, submit verification of your legal right to work?  Yes  No

Are you presently employed? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Are you under 18 years of age? \_\_\_\_\_

Have you previously been employed by the NCH Healthcare System or the Lee Memorial Health Care System? \_\_\_\_\_

If yes when \_\_\_\_\_ In what job? \_\_\_\_\_

Have you applied here before? \_\_\_\_\_ If yes, give dates and position applied for: \_\_\_\_\_

How were you referred to the BONITA COMMUNITY HEALTH CENTER?  Friend  Newspaper  Journal Ad  Name of Publication

Walk In Other (please list) \_\_\_\_\_

Do you currently have a relative working here? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Conviction does not necessarily disqualify you from employment, false statements will.

**EDUCATION**

Many of our positions have definite educational and / or license requirements which is why we must have you complete the following section.

SCHOOL	NAME AND ADDRESS	COURSES OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH SCHOOL							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL SCHOOL							<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER TRAINING							<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are there any other experiences, skills or qualifications which you feel would equip you to work for Bonita Community Health Center?

Number years of experience \_\_\_\_\_

**PROFESSIONAL LICENSES AND / OR CERTIFICATIONS**

Are you currently registered? \_\_\_\_\_ Are you eligible for registration? \_\_\_\_\_

State of Registry \_\_\_\_\_ Registration Number & Type: \_\_\_\_\_

List other states you are registered in \_\_\_\_\_

Area of specialization or major interest \_\_\_\_\_

Can you present a photocopy? \_\_\_\_\_

Is your professional license in Florida or any other state under review? YES NO If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Has your professional license ever been suspended or revoked? YES NO If yes, please explain \_\_\_\_\_

**ADDITIONAL SPACE FOR WORK HISTORY ONLY:**

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**PRESENT AND PRIOR EMPLOYMENT**

List below all Employment for the past 10 years, beginning with your most recent.  
Use additional paper if you need more space for your work history.

<b>I</b>	Name and address of Company and Type of Business	From Mo./Yr.	Job Title:	Starting Salary	Last Salary
			Describe the work you did:		
		To Mo./Yr.			
				Name of Supervisor	
	Telephone			Reason for leaving	
<b>II</b>	Name and address of Company and Type of Business	From Mo./Yr.	Job Title:	Starting Salary	Last Salary
			Describe the work you did:		
		To Mo./Yr.			
				Name of Supervisor	
	Telephone			Reason for leaving	
<b>III</b>	Name and address of Company and Type of Business	From Mo./Yr.	Job Title:	Starting Salary	Last Salary
			Describe the work you did:		
		To Mo./Yr.			
				Name of Supervisor	
	Telephone			Reason for leaving	
<b>IV</b>	Name and address of Company and Type of Business	From Mo./Yr.	Job Title:	Starting Salary	Last Salary
			Describe the work you did:		
		To Mo./Yr.			
				Name of Supervisor	
	Telephone			Reason for leaving	
<b>V</b>	Name and address of Company and Type of Business	From Mo./Yr.	Job Title:	Starting Salary	Last Salary
			Describe the work you did:		
		To Mo./Yr.			
				Name of Supervisor	
	Telephone			Reason for leaving	

**ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF THREE (3) MONTHS:**

**PROFESSIONAL REFERENCES (DO NOT LIST FORMER EMPLOYEES OR RELATIVES)**

NAME AND OCCUPATION                      ADDRESS                      TELEPHONE NUMBER

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**  
**PLEASE READ CAREFULLY**

- 1) Effective January 1, 2014 Bonita Community Health Center does not hire tobacco users. A nicotine test is required for all job candidates as a condition of employment.
- 2) Failure to fully complete this application may delay or prevent processing.
- 3) All of the information I have supplied on this application is a full and complete statement of facts. Any falsifications at any time will disqualify my application for employment. I agree that the Bonita Community Health Center and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn or my employment is terminated due to false statements and/or answers in this application.
- 4) I give Bonita Community Health Center permission to inquire to all or any of my previous employers for references disclosing full information. I understand I am required to provide the employer with complete and correct information on my former employers. This information includes full address, including street number and zip code; also telephone numbers of former employers. If the above information is not provided, I will not be considered for employment.
- 5) I give Bonita Community Health Center permission to thoroughly check my education record and/or verify my licensure, as well as check my background for OIG Medicare sanctions.
- 6) Bonita Community Health Center is a drug-free workplace. I understand that I will be required to take a urine drug test if I am offered a position with Bonita Community Health Center before I start work.
- 7) I understand that employment by the Bonita Community Health Center has the following initial introductory periods: ninety (90) days for all hourly employees; six (6) months for all salaried employees. Employment is for an indefinite term and the policies, procedures, and any statements contained in various documents, including my employment handbook, do not form a contract with me and may unilaterally change at any time.
- 8) I understand that I may be asked to work days or hours other than those specified at the time of hire and my schedule could change at any time throughout my employment at Bonita Community Health Center.
- 9) Upon termination of employment, I authorize Bonita Community Health Center to hold my final paycheck until all employers' property, including I.D. Badge, is returned.
- 10) I have not been convicted of a violent or drug related crime.
- 11) I have not been excluded for participation in federal health care programs, including Medicare and Medicaid.

Signature \_\_\_\_\_

Date \_\_\_\_\_