

**Loudoun Community Health Center
Db a HealthWorks for Northern Virginia**

Employment Application

(Please type or print clearly)

Position Applying for: _____

NAME: _____ Date: _____
 Last First MI

Current Address: _____
 Street Address City State Zip

Email Address: _____ Telephone: _____

Social Security Number: _____ Date of Birth: _____

If you are applying for a position and are under the age of 18, please check

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

How did you learn about job opening? _____

Are you currently employed? Yes No

May we contact your present and past employer(s)? Yes No

Date available for work: _____ Check your preference FT PT Fill-in/Temp

Shifts available to work: DAYS EVENINGS NIGHTS WEEKENDS

Are you currently on lay-off status and subject to recall? Yes No

Answer the following numbered questions only after reviewing the Job Description for the position for which you are applying.

1. Are you able to travel if a job requires it? Yes No
2. Are you able to meet the minimum qualifications of the position? Yes No
3. Do you require an accommodation to perform the duties of the job? Yes No

If you require an accommodation, please describe:

Have you been convicted of a Felony? Yes No

(Conviction will not necessarily disqualify an applicant from employment, but must be answered.)

If yes, please explain:

Education

Type of School (High School, College, Business, Trade or Other)	Location	Dates Attended	Courses Taken Or Major/Minor	Diploma/Degree Received? Yes/No Date Received
		N/A	HS GED	Yes/No Date Rec'd
				Yes/No Date Rec'd
				Yes/No Date Rec'd
				Yes/No Date Rec'd
				Yes/No Date Rec'd

Professional Licenses**

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

****Applicants applying for positions that require a Professional license must have a current Commonwealth of Virginia license, unless otherwise noted on position description. Please attach a copy with your application.**

Nonprofessional Licenses or Certificates, including a valid Driver's License

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

Prior Work History (List most recent first)

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						
Describe in detail the work you performed:						
Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						
Describe in detail the work you performed:						
Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						
Describe in detail the work you performed:						

Describe any specialized training and or apprenticeship skills. _____

Describe any job-related training received in the United States Military or other. _____

Rate your experience with the following equipment/programs: **0**-None, **1**-Beginner, **2**-Satisfactory, or **3**-Expert

- | | |
|---------------------------------|--|
| _____ Copier | _____ Microsoft Office Programs (Word, Excel, PowerPoint,) |
| _____ Facsimile | _____ Internet, Email |
| _____ Multi-Line Phone System | _____ Social Media/Marketing _____ |
| _____ Electronic Medical Record | _____ Other: _____ |

List three (3) employment references (not including any immediate family members):

1)

First & Last name

Telephone number

2)

First & Last name

Telephone number

3)

First & Last name

Telephone number

Additional information you would like us to know in considering you for employment at HealthWorks for Northern Virginia:

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in immediate termination. I authorize Loudoun Community Health Center dba HealthWorks for Northern Virginia to conduct an investigation of any of the facts set forth in this application.

I understand Loudoun Community Health Center dba HealthWorks for Northern Virginia is a Drug-Free Workplace. Should I be offered a position, I may be asked to submit to a drug test prior to, and during the course of, employment. A positive testing result now or in the future may disqualify me from employment or promotion.

Applicant's Signature

Date

**Loudoun Community Health Center
Dba HealthWorks for Northern Virginia**

Employment Reference Authorization and Release

I authorize HealthWorks for Northern Virginia and/or its agents to contact any former employers, educational institutions, references, and certifying and/or licensing entities listed on this application for the purposes of employment and if hired, promotion.

I further agree to release this practice, and those previous employers or institutions which provide references regarding my work and academic practices, from any and all liability with regard to this verification process.

A photocopy of this authorization and waiver shall be considered as legally valid as the original and may be sent to former employers as a statement of my intent to hold them harmless for the results of references given.

I certify that I have truthfully and accurately completed the employment application and that I have read and do understand this statement of authorization, release and waiver.

Applicant's Printed Name

Applicant's Signature

Date

HealthWorks for Northern Virginia Representative

Title

Administrative Use Only

Action	LCHC	Date
Application Received		
Acknowledgement of Receipt		
Applicant Database		
Review by Hiring Manager		
References Completed		
Offer/Denial Letter		