



3501 Health Center Boulevard

Bonita Springs, Florida 34135

(239) 949-1050

Fax: (239) 949-6116

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

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

DATE _____

NAME _____

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 _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

NAME _____ TELEPHONE NUMBER _____

ADDRESS _____

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 other than a misdemeanor? _____ 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	

Do you type? _____ How many WPM? _____ List any machines you can operate _____

List Word Processing skills: _____

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:

CONDITIONS OF EMPLOYMENT
PLEASE READ CAREFULLY

- 1) Failure to fully complete this application may delay or prevent processing.
- 2) All of the information I have supplied on this application is a fully 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 falsity of the statement and answers in this application.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) I understand that I may be asked to work days or hours other than those specified at the time of hire.
- 8) 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.
- 9) I have not been excluded for participation in federal health care programs, including Medicare and Medicaid.

SIGNATURE OF APPLICANT

WITNESS

DATE

FOR ADMINISTRATIVE USE ONLY

REHIRE _____ REINSTATEMENT _____ ENTITY TRANSFER FROM _____

EMPLOYEE # _____ BADGE # _____

DATE OF HIRE _____ POSITION NAME _____

ORIENTATION _____ DEPARTMENT NAME _____

BASE PAY \$ _____ /HOUR RANGE _____ RANGE MINIMUM _____

EXPERIENCE CREDIT _____ %YEARS APPROVED BY _____

COMMENTS _____

SCHED. HOURS PER PAY PERIOD _____ AUTO PAY: HOURLY _____ SALARY _____

SHIFT HOURS _____ SHIFT CODE: PROF __ TECH __ SUPP __ MGMT __

ACTION CODE: DIFF __ NDIFF __ DIFF: 2nd \$ ____ /hr 3rd \$ ____ /hr WEEKEND \$ ____ /hr

DEPARTMENT APPROVAL _____ DATE _____ HUMAN RESOURCES APPROVAL _____ DATE _____

COMPLETED BY _____ DATE _____ ENTERED BY _____ DATE _____