



## FAIRFIELD COMMUNITY HEALTH CENTER APPLICATION FOR EMPLOYMENT

**FAIRFIELD COMMUNITY HEALTH CENTER (FCHC) IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS THE PHILOSOPHY, INTENT, AND COMMITMENT OF FCHC TO ADHERE TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITIES FOR ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, VETERAN STATUS, PREGNANCY, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER STATUS PROTECTED BY LAW.**

When completing this application, do not leave any questions blank. Do not substitute “see resume” for any requested information. Complete one application for every job for which you are applying.

THIS APPLICATION WILL REMAIN ACTIVE FOR **THREE (3) MONTHS** UPON SIGNING.

### PERSONAL DATA

Last Name		First		Middle		Date	
Street Address				Home Phone			
City, State, Zip				Business Phone			
Are you 18 years or older?				Social Security No.			
Position Desired				Salary Desired			
Are you currently employed?				Are you currently on “lay-off” status and subject to recall?			
When would you be able to begin work?		Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary					
Are you legally eligible for employment in the United States?				If necessary, are you available to work overtime?			
Have you been convicted of a felony or misdemeanor, whether sealed or unsealed, (other than minor traffic violations) that might substantially relate to the job for which you are applying? <b>NOTE:</b> A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.  <input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes explain:							
How did you learn of FCHC?				Are you related to anyone employed at FCHC?			

**EMPLOYMENT HISTORY (List most recent employer first)**

Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Annual Pay Start: \$ Finish: \$
Job Title and Job Description:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Annual Pay Start: \$ Finish: \$
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Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Annual Pay Start: \$ Finish: \$
Job Title and Job Description:	Reason for Leaving:



**EDUCATION**

	High School	College/University	Graduate/Professional
School Name, Address, Phone Number			
Years Completed	9    10    11    12	1    2    3    4	1    2    3    4
Diploma/Degree			
Course of Study			
Honors Received			

Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.

**SPECIAL SKILLS AND TRAINING**

Other than English, are you fluent in any language? Please list:
In which computer programs do you feel you have proficiency?
Do you have any other advanced training, continuing education or special study experience that you think would be helpful in the position for which you are applying? Please list:

**PROFESSIONAL REFERENCES**

Name	Relationship	Years Known	Telephone Number/Email

May we contact your current employer?
 Yes
 No



## Applicant Signature Page

In consideration of review of my application:

I understand and agree that: If I am employed by Fairfield Community Health Center (FCHC), my employment and compensation with FCHC is **entirely employment at-will**, which means either my employment or my compensation may be terminated or changed at any time with or without cause and with or without notice by me or FCHC. Nothing in any document provided to the employee by any FCHC representative or any statement made by any FCHC representative shall limit the right to terminate or change this employment at-will status. No representative, manager, supervisor, or other representative of FCHC has any authority to enter into an Agreement for employment for any specified period of time or to make any agreement for employment other than at-will. The only FCHC representative who has the authority to make any such agreement contrary to this employment at will status is the **Chief Executive Officer** of FCHC and then only in writing.

I authorize FCHC to investigate my background, qualifications and/or any other information on me as it deems appropriate. I also authorize anyone FCHC contacts as part of its investigation to release any information they have regarding me or my employment to FCHC or its representatives. Further, I authorize FCHC to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I also agree to release all parties, including FCHC and its representatives, from all liability for any damage that may result from either releasing or furnishing any such information. I agree that if I breach or threaten to breach this Agreement, I will indemnify all parties from any loss or expenses incurred by my breach, including, but not limited to, all of their attorney's fees and administrative costs deemed necessary and reasonable by the other party.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by FCHC at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by FCHC. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize FCHC to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing or furnishing information regarding these examinations or tests.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. Furthermore, I certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein.

### READ CAREFULLY BEFORE SIGNING

**In consideration of the review of my application, I agree that any claim or lawsuit relating to my employment with FCHC, or any of its subsidiaries, must be filed no more than 180 days after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. If you are hired, this employment application will become part of your official employment record.**

I have read and understand what is contained in this statement.

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Print Name

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Applicant's Signature

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Date