



APPLICATION FOR EMPLOYMENT

Family Care Health Centers (FCHC) considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran, in accordance with federal law. In addition, FCHC complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

PLEASE PRINT

NAME (Last)	(First)	(Middle)
ADDRESS (Street)		Telephone No.
(City)	(State)	(Zip)
		Alternate No.

Social Security #: _____/_____/_____

Are you legally entitled to work in the United States? Yes No

Are you over the age of 18? Yes No

Are you related to a current employee of Family Care Health Centers?
If so, whom? _____ Yes No

Have you ever applied for a job with Family Care Health Centers?
If yes, when? _____ Yes No

Position for which you are applying. _____

Salary expected \$_____ per HOUR/WEEK/MONTH/YEAR.

Other positions for which you would like to be considered. _____

Which of the following would you be able to work?

Weekdays Only Evenings Saturdays

Is there anything that would prevent you from performing, in a reasonable and safe manner, the essential functions of the position for which you have applied? Yes No

If yes, please explain. _____

If your application is considered favorably, on what date can you start work? _____

Have you ever been convicted of a crime?* Yes No

If yes, state the nature of the offense, when, where and disposition. _____

**A conviction record will not necessarily be a bar to employment. This information will be used for job-related purposes and only to the extent permitted by law.*

EMPLOYMENT HISTORY (Please list most recent position first.)

DATES	EMPLOYER NAME/ADDRESS	JOB TITLE	SALARY	REASON FOR LEAVING
FROM: TO:	TELEPHONE:	SUPERVISOR:	STARTING: ENDING:	MAY WE CONTACT THEM?
FROM: TO:	TELEPHONE:	SUPERVISOR:	STARTING: ENDING:	MAY WE CONTACT THEM?
FROM: TO:	TELEPHONE:	SUPERVISOR:	STARTING: ENDING:	MAY WE CONTACT THEM?
FROM: TO:	TELEPHONE:	SUPERVISOR:	STARTING: ENDING:	MAY WE CONTACT THEM?

Have you ever served in the U.S. Armed Forces?

Yes No

If yes, list duties in the service, including special training that is relevant to the position for which you have applied: _____

EDUCATION

	SCHOOL NAME	ADDRESS	# OF YEARS ATTENDED	DEGREE	MAJOR
HIGH SCHOOL					
COLLEGE					
GRADUATE					
OTHER					

COURSES NOW STUDYING: _____



PRE-EMPLOYMENT STATEMENT
(PLEASE READ AND SIGN THE STATEMENT BELOW)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal to consider my application further, or, if employed, termination from Family Care Health Centers' employ.
2. Any offer of employment I may receive from Family Care Health Centers is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of a physical examination that the Center may require.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to alcohol and drug screening as set forth in Family Care Health Centers' Substance Abuse Policy.
4. In processing my application for employment, Family Care Health Centers may verify all the information provided by me, or may procure or have prepared a consumer or investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, motor vehicle record, and mode of living. I understand that upon written request to the company, I will be informed of whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation.
5. I authorize and request that all of my present and former employers furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and I hereby release requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Center or myself. I further understand that no manager or representative of the Center, other than the Chief Executive Officer or his/her representative, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing.

Signature

Date

**This application will be kept on file for three (3) months from the date received and then destroyed.
Please fax (314) 353-1310 or mail completed application to:
HR Director, Family Care Health Centers, 401 Holly Hills Avenue, St. Louis, MO 63111.**