

MIDTOWN HEALTH CENTER

Midtown Health Center, Inc.
302 W Phillip Ave
Norfolk, NE 68701

Midtown Health Center-Norfolk Ave
900 W Norfolk Ave
Norfolk, NE 68701

Midtown Health Center-Madison
222 Main St
Madison, NE 68748

Application for Employment

Applicants are considered for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability, protected veteran status, political affiliation, or any other protected characteristic under applicable state and federal law.

Identification Information

Applicant's Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Home telephone number: _____ Work telephone number: _____

Position applied for: _____

Type of work desired: _____ Full-time _____ Part-time _____

Date available for work: _____

Employment Information

List below the positions you have held starting with your present employment for the last seven years. List each position or classification separately if more than one position or classification was held within a given organization. Under "specific duties" describe clearly the tasks you performed and the nature of your responsibilities.

Current/Most Recent Employer/company: _____

Address: _____

Dates employed, from _____ to _____

Weekly starting salary: _____ Ending salary: _____

Position: _____

Duties: _____

Reason for leaving: _____

Supervisor: _____ Telephone number: _____

Employer/company: _____

Address: _____

Dates employed, from _____ to _____

Weekly starting salary: _____ Ending salary: _____

Position: _____

Duties: _____

Reason for leaving: _____

Supervisor: _____ Telephone number: _____

Employer/company: _____

Address: _____

Dates employed, from _____ to _____

Weekly starting salary: _____ Ending salary: _____

Position: _____

Duties: _____

g. Reason for leaving: _____

h. Supervisor: _____ Telephone number: _____

Employer/company: _____

Address: _____

Dates employed, from _____ to _____

Weekly starting salary: _____ Ending salary: _____

Position: _____

Duties: _____

Reason for leaving: _____

Supervisor: _____ Telephone number: _____

I give permission to contact the employers I listed concerning my prior work experience.

Signed: _____ Date: _____

If there is a particular employ you wish not to be contacted, please indicate which one.

Have you ever worked for Norfolk Community Health Care Clinic, Madison Medical Clinic or Midtown Health Center, Inc.? Yes No

Education/Skills Record

School	Name/Location	Last year completed	Title of diploma or degree
High School		1 2 3 4	
College		1 2 3 4	
Other			

Are you bilingual? Yes No If so, check all that apply.

Spanish Vietnamese Swahili Dinka Karen

Laotian Somalian Nuer Other

Professional References (Do not include relatives)

1. Name _____
Address _____
Phone# _____
Email Address _____
Best Time to Contact _____

2. Name _____
Address _____
Phone# _____
Email Address _____
Best Time to Contact _____

3. Name _____
Address _____
Phone# _____
Email Address _____
Best Time to Contact _____

Background

Have you ever had your license revoked, restricted or suspended? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

Please list any additional information related to your ability to perform the job for which you have applied (licenses, professional memberships, civic activities, etc.).

I understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. My signature on this application form will serve as authorization to release any and all information recorded on or attached to this application. I understand that this application is not a contract of employment.

Applicant's signature

Date