



Name: _____
(Last) (First) (Middle)

How did you learn about this position?_____

Peninsula Community Health Services Employment Application
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References: Name three (3) people who have known you at least one (1) year in a work or volunteer capacity that we may contact (do not include relatives or personnel of this organization)

Name	Address	Phone	Occupation	Years Known

Education: Please fill in your educational background.

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma	Major
High School					
College					
Technical or Other					

Employment Record: Please fill in your work history record as completely as possible, starting with your present or most recent employer. Insert additional information sheets as necessary. Show unemployment or self-employed periods and indicate dates and comments for each period. ***Please attach resume.***

Company Name and address (most recent first)	Supervisor Name & Phone #	Your Job Title	Employment Dates	Rate of Pay	Reason for leaving

May we contact all of the employers listed on this application?

☐ Yes

☐ No

If no, please indicate who you do not want us to contact regarding your employment:

List any educational activities or awards relevant to the position:

List any special training or skills relevant to the position you are seeking:

Do you foresee any transportation problems in getting to and from work? ☐ Yes ☐ No

If yes, what are they?

APPLICANT'S STATEMENT:

I understand that the employer follows an "at will employment" policy, in that I or the employer may terminate my employment at any time, for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I voluntarily authorize any present or former employer, firm, school, hospital, university, or government agency and its employees or agents to release any and all information concerning my former position to any prospective employer, or its employees or agents, making a request for such information. I understand that the information may include, but is not necessarily limited to, performance reports, transcripts, job descriptions, disciplinary reports and opinions regarding my suitability for the position.

I voluntarily release and hold harmless former employers, schools, hospitals or government agencies, and their employees or agents from any and all claims, liabilities, or damages arising from the disclosure or release of information or opinions concerning my professional qualifications.

I certify that all the statements herein are true and correct to the best of my knowledge and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I agree to submit to any pre-hire testing PCHS requires.

I am aware of and agree to a background check required by the Alaska Background Check Program and pre-hire drug screen. I acknowledge that I must clear both before a formal offer can be made by PCHS. _____ (initial)

Your Name (please print)_____

Your Signature: _____ Date:_____