

# Application for Employment



**MANAWA LEA HEALTH  
SERVICES**

www.manawalea.com  
info@manawalea.com

Position(s) Applied For:  Date of Application:  MM/DD/YY:

## PERSONAL INFORMATION

Full Name :

Date of Birth :  Male  Female

Address :

City :  State/Province :

Zip/Postal Code :  Country :

Phone Number :  Email Address :

Have you ever filed an application with us before?  
If Yes, give date

Yes  No

Have you ever been employed with us before? If  
Yes, give date

Yes  No

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming  
employed in this country because of Visa or  
Immigration Status? (Proof of citizenship or  
Immigration Status will be required upon  
employment.)

Yes  No

Date available for work:

Desired Pay: \$ /hr

Can you travel if a job requires it?

Yes  No

Type of Employment desired:

Full-time  Part-time

Have you ever pleaded guilty or been convicted of a crime?

Yes  No

## EDUCATIONAL BACKGROUND

School	Name of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate				
Graduate/Professional				

Other (Specify):

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## EMPLOYMENT HISTORY

Employee:  Phone:

Address:

Start Date:  End Date:  May We Contact:  Yes  No

Responsibilities/Work Performed:

Reason for Leaving:

Starting Pay: \$ /hr \$ /year

Employee:  Phone:

Address:

Start Date:  End Date:  May We Contact:  Yes  No

Responsibilities/Work Performed:

Reason for Leaving:

Employee:  Phone:

Address:

Start Date:  End Date:  May We Contact:  Yes  No

Responsibilities/Work Performed:

Reason for Leaving:

## ADDITIONAL INFORMATION

Summarize other skills and or qualifications or other experience:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accomodation; the activities involved in the job or occupation for which you have applied? A review of the activities in such a job or occupation has been given.

Yes

No

## PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Occupation	Employer

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment with this organization is of an "at will" nature, which means the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand that I am also required to abide by all rules and regulations of the employer.

Signature of Applicant

Date