

Family Health Services
794 Eastland Drive, Twin Falls, ID 83301

(208) 734-3312

Fax (208) 734-5036

APPLICATION FOR EMPLOYMENT

- Family Health Services is an equal opportunity employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status and mental or physical disability.
- All job offers are contingent upon the successful completion of a background process, which may include a police records check and a medical examination that includes drug screening.
- Applicants must be at least 18 years of age.

PLEASE TYPE OR PRINT LEGIBLY; THIS APPLICATION IS PART OF THE SELECTION PROCESS. RESUME MAY BE ATTACHED BUT IS NO SUBSTITUTE FOR COMPLETING THIS APPLICATION.

Title of the position you are applying for:		Email address
Print your full name (last, first, middle)		Telephone/Contact Information Home: _____ Business: _____ Cell: _____
Address (street/city/state/zip)		Best time to contact you at home?
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No	What languages other than English do you speak & write fluently:	

Are you currently employed? Yes No Date available for work: _____

Full time Part time Temporary Currently on lay-off & subject to recall

Do you have a valid driver's license? Yes No

Are you related to anyone working for FHS? Yes No

If yes, in what department is your relative employed? _____

Name of relative & relationship:

Education: Do you have a high school diploma or equivalency? Yes No

COLLEGE OR UNIVERSITY ATTENDED	LIST YEARS ATTENDED	MAJOR	DEGREE RECEIVED
OTHER JOB RELATED TRAINING			
PROFESSIONAL LICENSES OR CERTIFICATES			

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE CONCERNING YOUR QUALIFICATIONS FOR THIS POSITION.

EXPERIENCE: List your present or most recent job first. Carefully account for all recent employment (at least the last 10 years). If you need more space, please attach additional sheets.

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No (If no, explain)

From: Month/Year	To: Month/Year	Title of your position	
Name of employer		Address of employer	
Name of supervisor		Phone	
Reason for leaving	No. supervised (if any)	Salary: \$ _____ per <input type="checkbox"/> wk <input type="checkbox"/> mo	Hours per week
Duties of your position			

From: Month/Year	To: Month/Year	Title of your position	
Name of employer		Address of employer	
Name of supervisor		Phone	
Reason for leaving	No. supervised (if any)	Salary: \$ _____ per <input type="checkbox"/> wk <input type="checkbox"/> mo	Hours per week
Duties of your position			

From: Month/Year	To: Month/Year	Title of your position	
Name of employer		Address of employer	
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Reason for leaving	No. supervised (if any)	Salary: \$ _____ per <input type="checkbox"/> wk <input type="checkbox"/> mo	Hours per week
Duties of your position			

PROFESSIONAL REFERENCES (Do not include family members) (Include name, phone number, best time to call and occupation)

- 1 _____
- 2 _____
- 3 _____

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and I understand that false statements are cause for rejection of application, removal of my name from eligible list or dismissal from position.

Signature of applicant _____ Date _____

Please take a few moments to answer the following question. Your response will help us assess how effective our recruitment efforts were for this position. How did you hear about this employment opportunity?
 Department of Labor Newspaper Radio Friend/Relative Other source (list) _____

FOR OFFICE USE ONLY: REFERENCE CHECK:

