



EMPLOYMENT APPLICATION

TO SUBMIT YOUR APPLICATION FOR EMPLOYMENT:

Mailing Address / In-Person

Berks Community Health Center, Attn: Human Resources
645 Penn Street, Suite 301, Reading, PA 19601

Fax:
(610) 374-1629

E-Mail:
careers@berkschc.org

PERSONAL DATA

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applying for: _____

Are you fluent in a language other than English? YES NO List Languages _____

Have you ever worked for BCHC? YES NO Dates previously employed _____

Do you have any relatives who have worked for / currently work for BCHC (if so, who)? _____

Have you ever been convicted of a crime? YES NO If yes, briefly explain the circumstances that led to the conviction

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

PROFESSIONAL REFERENCES

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

MILITARY EXPERIENCE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATIONS

Type of License/Certificate: _____ State: _____

Reg. No. _____ Expiration Date: _____

Type of License/Certificate: _____ State: _____

Reg. No. _____ Expiration Date: _____

Type of License/Certificate: _____ State: _____

Reg. No. _____ Expiration Date: _____

Have you ever been under investigation for a license
infraction, had a license suspended, revoked or terminated? YES NO If yes, briefly explain below:

JOB RELATED SKILLS

Describe job-related skills, knowledge, or special training pertaining to the position you are applying for. Please identify computer skills and software you have used.

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, skills, abilities, articles/books published, activities, foreign languages, accomplishments, professional/trade/business or civic activities and office held, etc.

DISCLAIMER AND SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge, and that I have withheld nothing which, if disclosed might affect this application unfavorably. I understand that any falsification, misrepresentation or material omission of information submitted on this application will constitute as grounds for denial or immediate dismissal from employment.

I authorize all persons, schools, employers and other organizations mentioned in this application to provide BCHC with any and all information requested by BCHC, related to my background and qualifications for employment. I hereby release all of those employers, references, academic institutions, and BCHC from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with BCHC.

I also authorize BCHC to secure criminal background information through an appropriate agency, and conduct any other background clearances as necessary or required by law.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if BCHC has not employed me and for immediate dismissal if BCHC has employed me.

I hereby agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge.

I understand that according to federal law, all individuals, who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizenship status, or their legal authorization to work in the U.S. if not a U.S. citizen. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I agree and understand that any offer of employment I may receive is contingent upon my successful completion of BCHC's pre-employment screening process including any pre-employment physical examination that may be required.

In the event of my employment with BCHC, I will comply with all of its rules, regulations, and policies. BCHC reserves the right to change or amend policies from time to time.

I understand that nothing in this employment application, BCHC's policy statements, human resources guidelines, or in my communications with any BCHC official is intended to create an employment contract between BCHC and me. I also understand that BCHC has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promises or guarantee is binding upon BCHC unless it is made in writing and signed by the Chief Executive Officer. I understand that if an employment relationship is established, unless specified in a written agreement, this relationship is "at will" and that I have the right to terminate my employment at any time for any reason I think appropriate. I also understand that BCHC retains the right to terminate my employment at any time for any reason BCHC believes it appropriate, either with or without cause.

APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby acknowledge that I have read, understand and agree to the preceding statements.

Print Name: _____

Signature: _____ Date: _____

HOW DID YOU HEAR ABOUT THE JOB OPPORTUNITIES HERE AT BERKS COMMUNITY HEALTH CENTER?

- Berkschc.org website
- Reading Eagle
- Career Builder
- Job Fair _____
- Flyer
- Other BCHC Employee _____
- Other: _____