

LINCOLN Medical Education Partnership

Strengthening Community through Health Education

EMPLOYMENT APPLICATION

Applications are only accepted for open positions. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Before being accepted for any position, we will investigate all prior employment, educational records, and criminal history records.

Position Applied For	Date of Application
How did you learn about us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Web Site <input type="checkbox"/> Relative Other _____	

Last Name	First Name	Middle Initial			
Address	Number	Street	City	State	Zip Code
Home Phone Number	Cell Phone Number				

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Do you have a relative or friend who works here? Yes _____ No
(name)

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

On what date would you be available for work? _____

Are you available to work: Full Time Part Time

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes

No

Have you been convicted of a felony within the last 7 years?

Conviction will not necessarily disqualify an applicant from employment.

Yes

No

If Yes, please explain:

Education

School Name and Location	High School				Undergraduate College/University				Graduate / Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Years Attended												
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List computer applications and hardware you have experience with.

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.
2.
3.

Have you ever had any job-related training in the United States military?

Yes

No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes

No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant’s Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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 being accepted at that time.

I hereby acknowledge that any employment relationship with the Lincoln Medical Education Partnership is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood 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 the Lincoln Medical Education Partnership.

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

Signature of Applicant

Date

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies may require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip

Current Job:		
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	
Check One of the Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
Check If Any of the Following Are Applicable:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual