



**BANNER HEALTH  
CENTERS**

**EMPLOYMENT APPLICATION FORM**

**PLEASE COMPLETE PAGES 1-3.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

Home Phone :( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Position applied for \_\_\_\_\_  
Driver's license No. \_\_\_\_\_  
State \_\_\_\_\_ Issued \_\_\_\_\_ Expiration \_\_\_\_\_

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Date of Birth \_\_\_\_\_ Gender  M  F

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
University				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**AVAILABILITY**

How many hours can you work weekly? \_\_\_\_\_

Days/hours available to work  Mon  Tue  Wed  Thru  Fri  Sat  Sun

When will you be available to start? \_\_\_\_\_

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## EMPLOYMENT APPLICATION FORM

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### EMPLOYMENT HISTORY

Company Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your job \_\_\_\_\_ Last pay rate \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your job \_\_\_\_\_ Last pay rate \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your job \_\_\_\_\_ Last pay rate \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your job \_\_\_\_\_ Last pay rate \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

### REFERENCE Please list two references other than relatives.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_

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### BACKGROUND CHECK : PLEASE READ CAREFULLY

I understand that it is my duty at all times and I agree not to reveal, any information concerning the Company's or its clients' confidential information in any manner that would be or might be considered to be detrimental to the Company's or its clients' interests, at all times, use the utmost discretion concerning any such information.

I understand that, in connection with the routine processing of my application, the Company will do Criminal background check and request from a consumer reporting agency an investigative consumer report including information as to my credit records, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the ACCS permission to contact schools, previous employers (unless otherwise indicated), references, and others and hereby release the Company from any liability as a result of such inquiries or disclosures.

I authorize the Minnesota Bureau of Criminal Apprehension and Minnesota Department of Human Services to disclose all criminal history record information to Diversity Health for the purpose of (employment, volunteering, adoption, etc.) With this agency.

I also understand that the Company has Code of ethics policy and I \_\_\_\_\_, agree to abide by this policy.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I understand that any false information that I give may result in termination of my candidacy.

Applicant's printed name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Aspire Counseling adheres to a policy of making Employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, age or disability. We assure you that your opportunity with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.