



APPLICATION FOR EMPLOYMENT

This application is active for 180 days.

Morrow County Health District will make every effort to meet a request for disability accommodation. If you require accommodation to participate in our application process, please contact our office.

INSTRUCTIONS

Answer each question fully and accurately. If you need additional space, please continue your answer(s) on a separate sheet of paper. No action can be taken on this application until all questions have been answered. If you print out this application to fill out manually, then please print.

Job Applied For:		Today's Date:	
Employment status sought: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>			
When are you available for employment?			
PERSONAL DATA			
Last Name		First Name	Middle Initial
Mailing Address		City	State Zip
Telephone Number			
Email Address			
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/> When?			
Were you ever employed here? Yes <input type="checkbox"/> No <input type="checkbox"/> When?			
Are you eligible to work in the United States? ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any commitments or agreements with another employer which might affect your employment here? Yes <input type="checkbox"/> No <input type="checkbox"/>			
For Office Use Only - Date Received:			

Pioneer Memorial Hospital & Nursing Facility	Pioneer Memorial Home Health & Hospice	Pioneer Memorial Clinic	Irrigon Medical Clinic	Ione Community Clinic	Morrow County Ambulance
P – (541) 676-9133 F – (541) 676-2901 TDD – (541) 676-2908	P – (541) 676-2946 F – (541) 676-9017	P – (541) 676-5504 F – (541) 676-9025	P – (541) 922-5880 F – (541) 922-5881	P – (541) 422-7128 F – (541) 422-7145	P – (541) 676-9133 F – (541) 676-2901

EDUCATION	
Name and Address of School	
High School:	
Highest level completed:	Did you Graduate:
College or University:	
College Major:	Degree:
Highest Grade Completed:	Did you Graduate:
Additional Educational and/or Vocational or Technical Training Information	
School:	
Courses Taken:	Courses Completed:
School:	
Courses Taken:	Courses Completed:
School:	
Courses Taken:	Courses Completed:
QUALIFICATIONS AND SPECIAL SKILLS	
For Driving Jobs Only: Do you have a valid driver's license: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driver's License Number:	State:

WORK HISTORY			
List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). PLEASE GIVE MONTH AND YEAR.			
Employer:		Supervisor:	
Address:		Phone:	
Salary Start:		End:	
Dates Employed	Position Held	Reason for Leaving	
Duties:			
Employer:		Supervisor:	
Address:		Phone:	
Salary Start:		End:	
Dates Employed	Position Held	Reason for Leaving	
Duties:			
Employer:		Supervisor:	
Address:		Phone:	
Salary Start:		End:	
Dates Employed	Position Held	Reason for Leaving	
Duties:			
Employer:		Supervisor:	
Address:		Phone:	
Salary Start:		End:	
Dates Employed	Position Held	Reason for Leaving	
Duties:			

REFERENCES		
Give three references, not relatives or former employers.		
Name:	Phone:	Years Acquainted:
Address:	Occupation:	
Name:	Phone:	Years Acquainted:
Address:	Occupation:	
Name:	Phone:	Years Acquainted:
Address:	Occupation:	
Name:	Phone:	Years Acquainted:
Address:	Occupation:	
AFFIDAVIT		
<p>I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.</p> <p>I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.</p> <p>I understand and agree that my prior employers, educational institutions, and other references listed or not listed on this application may be contacted by the District. These references are authorized to give the District any and all pertinent information they may have. I release all persons or entities involved, including the District, from all liability arising from this contract and provision of information.</p> <p>I agree to submit to any post-offer, pre-employment testing or physicals, as required by the District.</p> <p>I authorize the District to conduct a criminal history check and understand that unexpunged criminal convictions may be considered by the District in making hiring decisions.</p> <p>I agree to conform to all the District's policies, rules, and procedures.</p> <p>Affidavit continued on next page</p>		

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the District and myself. If an employment relationship is established, I understand that unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the District has the same right.

By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information. If an interview is granted, I understand that I will be required to provide an actual signature on the employment application.

(Electronic Signature) Type Name:	Date:
(Actual Signature) To be signed on site at interview:	Date: