



Northland Cares

HIV Specialty Care Clinic

3112 Clearwater Dr. Ste A
 Prescott, AZ 86305
 Phone: (928)776-4612
 Fax: (928)771-1767
 Email: jobs@northlandcares.org

APPLICATION FOR EMPLOYMENT

APPLICATIONS ARE ACCEPTED FOR POSTED POSITIONS ONLY. A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION. A CURRENT RESUME AND LETTER OF INTEREST ARE REQUIRED ALONG WITH A CURRENT APPLICATION.

POSITION APPLYING FOR

	DATE
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APPLICANT

LAST NAME	FIRST NAME	MI
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PERSONAL DATA

ADDRESS	CITY	STATE	ZIP CODE
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PHONE NUMBER () -	EMAIL ADDRESS
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Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Can you provide proof of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been employed by Northland Cares? <input type="checkbox"/> YES: FROM _____ TO _____ <input type="checkbox"/> NO
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Have you been convicted of a felony within the last seven (7) years? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please state the date of the conviction, the county and state, and the nature of the offense: <p style="text-align: center;">(NOTE: Conviction does not necessarily disqualify applicant from employment.)</p>
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Do you have a relative currently employed with Northland Cares? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide name of relative.
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JOB AVAILABILITY

DATE AVAILABLE TO WORK	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	SALARY DESIRED \$
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EDUCATION

SCHOOL	LOCATION CITY, STATE	DEGREE RECEIVED	GRAD DATE	MAJOR/MINOR
HIGH SCHOOL				
TECH/COLLEGE/UNIVERSITY				
TECH/COLLEGE/UNIVERSITY				
TECH/COLLEGE/UNIVERSITY				

Northland Cares is committed to Equal Opportunity for all applicants for employment, without discrimination on the basis of race, color creed, national or ethnic origin, sex or sexual orientation, age, religion, disability, marital or parental status and status with respect for public assistance or veteran's status.

EMPLOYMENT

List your employment history (including military experience) beginning with your current or last position up to the last seven (7) years or the last 4 employers, whichever is greater. A resume and cover letter are required however they will not be accepted in lieu of a completed application. (Please feel free to add additional pages, if needed.)

EMPLOYER	ADDRESS	PHONE NUMBER () -
POSITION TITLE	SUPERVISOR	SUPERVISOR TITLE
DATES OF EMPLOYMENT FROM _____ TO _____		RATE OF PAY \$ _____ PER _____
DESCRIPTION OF WORK		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	ADDRESS	PHONE NUMBER () -
POSITION TITLE	SUPERVISOR	SUPERVISOR TITLE
DATES OF EMPLOYMENT FROM _____ TO _____		RATE OF PAY \$ _____ PER _____
DESCRIPTION OF WORK		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	ADDRESS	PHONE NUMBER () -
POSITION TITLE	SUPERVISOR	SUPERVISOR TITLE
DATES OF EMPLOYMENT FROM _____ TO _____		RATE OF PAY \$ _____ PER _____
DESCRIPTION OF WORK		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	ADDRESS	PHONE NUMBER () -
POSITION TITLE	SUPERVISOR	SUPERVISOR TITLE
DATES OF EMPLOYMENT FROM _____ TO _____		RATE OF PAY \$ _____ PER _____
DESCRIPTION OF WORK		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

LICENSE/CERTIFICATION	ORGANIZATION	CURRENT? (Y or N)	IF NOT CURRENT LIST REASON

PROFESSIONAL REFERENCES

NAME/TITLE	ORGANIZATION	TELEPHONE	RELATIONSHIP
		() -	
		() -	
		() -	

APPLICANT AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements and/or pertinent omissions on this application, in interviews, or in other information that I supplied, shall be grounds for dismissal. I authorize investigation of all statements contained herein; I authorize disclosure from all references and employers listed on this application to provide Northland Cares representatives with any and all information concerning my present and previous employment and any pertinent information they may wish to share. I hereby release Northland Cares from all liability for any damage that may result from the utilization of such information. I understand and agree that if hired, my employment is "at will", no representative of Northland Cares has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Executive Director or delegated Northland Cares representative."

SIGNATURE _____ DATE _____