



**MID-STATE**  
HEALTH CENTER

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

*All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.*

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### PERSONAL INFORMATION

Legal name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security #: not required at this time

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
(if position requires operation of a company vehicle)

Are you legally eligible for employment in the United States?  Yes  No

United States Visa status, if applicable: \_\_\_\_\_

Have you been convicted of a felony?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_  
\_\_\_\_\_

Are you at least 18 years old?  Yes  No

### POSITION INFORMATION

Position(s) applying for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_

Employment status desired:  Full Time  Part Time  Temporary

What hours are you available to work? \_\_\_\_\_

If hired, when could you start? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_



## EDUCATION

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience: \_\_\_\_\_

\_\_\_\_\_

## SKILLS

Clerical / Office skills		
Computer skills	Name of software:	<input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> WPM
Languages		
Other special knowledge or skills		

Please describe any other experience, abilities or skills that might be helpful in considering your application: \_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

.....Print this form and mail to:

.....Mid-State Health Center, 101 Boulder Point Drive, Suite 1, Plymouth, NH 03264

To send via e-mail:

1. Click File and select Save As
2. Edit File Name as you wish and save to your computer
3. Open your email program and attached the file you just saved to an email and send it the contact listed in the job posting.