



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, handicap, Vietnam-era veteran or disabled veteran status, gender expression, gender identity or any other legally protected status.

(PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS COMPLETELY)

Position(s) Applied For: _____ Date: _____

How did you learn about WellOne? Advertisement Friend/Relative Walk-In
 Employment Agency Other: _____

Last Name _____ First Name _____

Address _____

Telephone Number _____ Social Security # _____

If you are under 18 years of age, can you provide 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 _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you a spouse, child, parent, brother or sister (by marriage or blood) of a current employee or board member of WellOne Primary Medical and Dental Care? Yes No

Are you legally eligible for employment in this country? Yes No
(Proof of citizenship or immigration status will be requested upon employment)

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Per-Diem Temporary

WELLONE IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Elementary School	High School	College/Nsg. Business/Trade	Graduate/ Professional
School Name & Location:	_____			
Years Completed:	_____			
Diploma/Degree:	_____			
Describe any specialized training, skills, honors, offices held, etc:	_____ _____			

REFERENCES- (2 PERSONAL (other than a family member) AND 2 PROFESSIONAL)

Give name, address and telephone number.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job.

1. Employer: _____ **Dates Employed:** _____

Work Performed: _____ **Address:** _____

Hourly Rate/Salary: _____ **Supervisor:** _____ **Telephone:** _____

Job Title: _____ **Reason for leaving:** _____

2. Employer: _____ **Dates Employed:** _____

Work Performed: _____ **Address:** _____

Hourly Rate/Salary: _____ **Supervisor:** _____ **Telephone:** _____

Job Title: _____ **Reason for leaving:** _____

3. Employer: _____ **Dates Employed:** _____

Work Performed: _____ **Address:** _____

Hourly Rate/Salary: _____ Supervisor: _____ Telephone: _____

Job Title: _____ Reason for leaving: _____

INDICATE ANY AREAS OF SPECIAL STUDY OR RESEARCH WORK, INCLUDING ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE

Membership in Professional or Civic Organizations:

APPLICANT'S STATEMENT

****Please read these statements carefully before signing. Your signature will indicate that you understand the statements and agree to be bound by their terms.**

I certify that answers given herein, and on any attached material, are true and complete to the best of my knowledge. I understand that falsification of any information given on this application, its attachments, or during the interview process is grounds for dismissal in accordance with WellOne's policies and procedures.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release all parties from all liabilities for any damage that may result from the information received during this investigation.

I understand that this application remains current for only six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with WellOne is of an "at will" employment nature, which means that the Employee may resign at any time and WellOne may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such a change is specifically acknowledged in writing by authorized management.

In consideration of my employment, I agree to conform to the rules and regulations of WellOne.

I understand that any offer of employment is contingent on my producing the following: appropriate documentation verifying my identity and employment authorization as required under the Immigration Reform and Control Act, a criminal background record, and specified documents according to the job description. WellOne will review and provide a final approval/denial of job offer based on documentation.

Signature of Applicant

Date



NOTICE TO APPLICANTS
AFFIRMATIVE ACTION PROGRAM
INVITATION FOR SELF-IDENTIFICATION FORM

You are hereby invited to identify yourself solely for EEO/AAP purposes. It is not mandatory to do so; it is voluntary. Your decision to not provide this information will not be held against you.

I would like to be considered for your Affirmative Action Program under one of the following categories (check the appropriate item):

___ A. REHABILITATION ACT OF 1973 and its amendments (INDIVIDUAL WITH DISABILITY)

___ B. VETERAN READJUSTMENT ASSISTANCE ACT OF 1974
DISABLED VETERAN OR VIETNAM ERA VETERAN - Dates of service: _____

___ C. FEMALE

___ D. MINORITY

___ (i) Black (all persons having origins in any of the Black African racial groups not of Hispanic origin);

___ (ii) Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race; and

___ (iii) Asian and Pacific Islanders (all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands); and

___ (iv) American Indian or Alaskan Native (all persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification).

Please explain how we might assist/accommodate your disability/handicap:

SIGNATURE

DATE: _____

