



**IMPORTANT INSTRUCTIONS TO HELP YOU FILL OUT YOUR APPLICATION CORRECTLY.
PLEASE READ THEM BEFORE YOU START.**

- A separate application is required for each position you are applying for.
 - Incomplete or illegible applications will not be considered.
 - Type or Print in ink only.
 - Unsigned Applications will not be accepted.
 - TVC is a Drug-Free workplace; therefore all positions require pre-employment drug/alcohol screening.
 - Final candidates will be subject to a background check.
1. Use the TVC **Job Title** as advertised or posted.
 - 2-4. Name, Address & Telephone Number: If any of this information changes after you submit an application, be sure to let TVC Human Resources Department know in **writing**.
 10. Convictions: If you marked “yes” to either box and do not attach an explanation, your application will not be considered. A conviction is not absolute ground for disqualification. The number, nature, how recent, and relationship to the job applied for will be evaluated in reviewing the application. You must provide a copy of the *Judgment Order* regarding any felony conviction.
 16. Detailed Work History: Start with your present or most recent job and work back. Incomplete answers may cause your application to be rejected. Use separate sheets of paper if necessary. Even if you submit a resume, you must still complete the Detailed Work History sections.



**TANANA VALLEY CLINIC
EMPLOYMENT APPLICATION**
www.tvclinic.com

1. JOB TITLE FOR WHICH YOU ARE APPLYING

(Do not leave blank, Job Title as advertised or posted)

2. NAME

Last First M.I.

3. MAILING ADDRESS

Street or PO Box

City State Zip Code

4. EMPLOYMENT STATUS

Have you previously worked for Tanana Valley Clinic? Yes No

If "YES" provide: _____
Dates Department Position

Do you have any relatives or household members employed with TVC? Yes No

If "YES" provide: Name: _____

Department: _____

Position: _____

5. TELEPHONE NUMBERS

Home: () -	Business or Message () -
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6. EMPLOYMENT ELIGIBILITY

Do you have a legal right to accept employment in the United States?

YES NO

7. MINIMUM EDUCATION REQUIREMENT

Do you have a high school diploma or GED Certificate? YES NO

Date Received _____

8. JOB TYPE YOU WILL ACCEPT

Full-Time PRN (On Call)
 Part-Time Temporary

(check all that apply)

9. Will you accept? Shift work
 Weekend Work

10. When can you start? Immediately Other _____
 Two Weeks

10. CONVICTIONS

Have you ever been charged and/or convicted of a felony? YES NO

Have you been convicted of a misdemeanor within the past 7 years? YES NO

If yes to one or both of the above questions, you must explain on a separate sheet of paper and attach to application. If felony, include copy of judgment. A conviction record will not necessarily bar you from employment.

11. VALID ALASKA DRIVER'S LICENSE

(Applicable only if position requires driving)

YES NO # _____

Have you ever been convicted of a traffic violation?

YES NO If "YES" please explain:

12. CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING

I certify and understand that the information I have entered on this Employment Application is true and complete to the best of my knowledge. I have read the minimum qualifications for this job and believe that I am qualified. I understand that if I am employed, any false statement, omissions or misrepresentations will be sufficient cause for cancellation of the application and/or immediate dismissal from Tanana Valley Clinic. I further understand that this is an application for employment and that no employment contract is being offered.

I hereby authorize TVC to investigate my past and present work, character, and education records to ascertain any and all information, which may be pertinent to my employment qualifications. I release from all liability or responsibility all persons and corporations requesting or supplying such information.

The Tanana Valley Clinic is an Equal Opportunity Employer. TVC does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I agree, if employed, to abide by all Tanana Valley Clinic policies and procedures. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time. I understand that no representative of TVC has the authority to make any assurances to the contrary.

SIGNATURE (If not signed, or you do not fill out all parts of the application, your application will not be considered.) DATE

13. LIST CURRENT PROFESSIONAL LICENSES, CERTIFICATES, REGISTRATIONS

TYPE/TITLE	STATE ISSUED	DATE ISSUED/EXPIRES	LICENSE NUMBER
TYPE/TITLE	STATE ISSUED	DATE ISSUED/EXPIRES	LICENSE NUMBER

14. COLLEGE, UNIVERSITY, GRADUATE SCHOOL, VOCATIONAL, TECHNICAL OR OTHER
(If minimum qualifications require education, copies must be attached.)

NAME & LOCATION OF SCHOOL	DATES ATTENDED	MAJOR OR SUBJECTS TAKEN	DID YOU GRADUATE	DEGREE OR DIPLOMA
	FROM: (Month/Year) TO:		Y N	
	FROM: (Month/Year) TO:		Y N	
	FROM: (Month/Year) TO:		Y N	

15. MINIMUM QUALIFICATIONS **STOP: READ INSTRUCTIONS FIRST**

(It is your responsibility to demonstrate possession of the minimum qualifications by stating what specific education and/or experience meets this requirement. Job descriptions are available in the Human Resources Department.

State your work experience and/or education that meet the minimum qualifications for the job you are applying for. Be Specific.

Education:

Experience: (Identify employer and employment dates, month/year that apply)

Substitutions: (Identify the work or education that meets substitution requirements.)

Total years/months of qualifying education: _____ years _____ months

Credit Hours: _____

Total years/months of qualifying experience: _____ years _____ months

Semester Hours: _____

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16. DETAILED WORK HISTORY (Please give complete full-time and part-time employment record. Start with your present or most recent employer.)

Employer:		Kind of Business:	Ending Date: _____
			MONTH & YEAR
Address: (City, State/Zip)		Your Title:	Starting Date: _____
			MONTH & YEAR
Supervisor's Name, Title, And Telephone Number:			Total Time: _____
			Years/Months
Salary: Start: _____ End: _____	May we contact this employer? ___ YES ___ NO If No, Reason?		Reason for leaving:
DUTIES (Be specific) (DO NOT LIST "SEE RESUME")			

Employer:		Kind of Business:	Ending Date: _____
			MONTH & YEAR
Address: (City, State/Zip)		Your Title:	Starting Date: _____
			MONTH & YEAR
Supervisor's Name, Title, And Telephone Number:			Total Time: _____
			Years/Months
Salary: Start: _____ End: _____	May we contact this employer? ___ YES ___ NO If No, Reason?		Reason for leaving:
DUTIES (Be specific) (DO NOT LIST "SEE RESUME")			

TYPE OR PRINT IN INK ONLY

DETAILED WORK HISTORY (Continued)

Employer:	Kind of Business:	Ending Date: _____
		MONTH & YEAR
Address: (City, State/Zip)	Your Title	Starting Date: _____
		MONTH & YEAR
Supervisor's Name, Title, And Telephone Number:		Total Time: _____
		Years/Months
Salary: Start: _____ End: _____	May we contact this employer? ___ YES ___ NO	Reason for leaving:
DUTIES (Be specific) <u>(DO NOT LIST "SEE RESUME")</u>		

REFERENCES

You must include with your application a list of at least three (3) professional references that we may contact to obtain work related performance information. Requested information must be provided, do not leave any area blank.

NAME:	1. _____	2. _____	3. _____
EMPLOYER:	_____	_____	_____
MAILING ADDRESS:	_____	_____	_____
	_____	_____	_____
	CITY/STATE/ZIP	CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE #:	_____	_____	_____
FAX #:	_____	_____	_____

RECRUITMENT QUESTIONNAIRE

Please indicate how you became aware of this job opportunity. (✓)

WORD OF MOUTH: _____ TVC Employee _____ Relative or Friend	ADVERTISEMENT: _____ Newspaper _____ TVC Job Site _____ Trade or Professional Magazine • Other (Specify) _____ _____	OTHER: _____ State Employment Division _____ Posting at other businesses _____ Career Fair
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