



## TANANA VALLEY CLINIC EMPLOYMENT APPLICATION

### 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

YES

NO

Have you previously worked for Tanana Valley Clinic?

☐☐

If "YES" provide:

Dates

Department

Position

Do you have any relatives employed with TVC?

☐☐

If "YES" provide:

Name

Department

Position

### 5. TELEPHONE NUMBERS

Home:

Business or Message

( ) -

( ) -

### 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:	May we contact this employer? ____YES ____NO		Reason for leaving:
Start: _____ End: _____	If No, Reason?		
DUTIES (Be specific) <b>(DO NOT LIST "SEE RESUME")</b>			
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:	May we contact this employer? ____YES ____NO		Reason for leaving:
Start: _____ End: _____	If No, Reason?		
DUTIES (Be specific) <b>(DO NOT LIST "SEE RESUME")</b>			

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## 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) ( <b><u>DO NOT LIST "SEE RESUME"</u></b> )			

## 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

**TYPE OR PRINT IN INK ONLY**



**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.
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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.

## APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

### Print in BLACK Ink Only

I hereby authorize Pinnacle Investigations, their respective employees, agents, professional investigators, or any representative of the above named company, to perform investigations into my background, past behavior, character, and reputation.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans. Investigative reports may also include criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of the Company named above. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment.

**EDUCATION** - I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested.

**EMPLOYMENT** – I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

**CREDIT** – I authorize the above company to obtain a credit report on me and understand that if I am denied due to credit, I can, according to the Fair Credit Reporting Act, get a copy of my credit report from the credit wholesaler. I understand that the information requested is for the use by the Company named above and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) Any adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing within five days of receipt of my request for said report.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

**The information contained below is to be used only for identification and investigative purposes.**

### **TO BE COMPLETED BY APPLICANT ONLY:**

LAST NAME	FIRST NAME	MI	SEX	BIRTHDATE	SOCIAL SECURITY NUMBER
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PHYSICAL ADDRESS	CITY/STATE/ZIP	PHONE NUMBER	RACE
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PLACE OF BIRTH/CITY-STATE	OTHER LAST NAMES USED	DRIVERS LICENSE# & STATE THAT ISSUED
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**OTHER STATES, CITIES, AND COUNTIES LIVED IN:** (If you do not know the county, City must be provided)

1	STATE	CITY OR COUNTY	FROM (YEAR)	TO (YEAR)
2	STATE	CITY OR COUNTY	FROM (YEAR)	TO (YEAR)
3	STATE	CITY OR COUNTY	FROM (YEAR)	TO (YEAR)

APPLICANT SIGNATURE	DATE
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CLIENT SIGNATURE	DATE
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