



1236 Bear Trail  
Cana, VA 24317  
Phone: (276) 755-2203  
Fax: (276) 755-2201

## APPLICATION FOR EMPLOYMENT

Everhart Primary Health Care (EPHC) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

---

### PERSONAL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street (Apt) City/State Zip

Alternate Address: \_\_\_\_\_  
Street (Apt) City/State Zip

Contact Information: \_\_\_\_\_  
Home Telephone Mobile Telephone Email

How did you learn about our company? \_\_\_\_\_

---

Position Sought: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

What days are you available for work? \_\_\_\_\_ What hours/shift are you available? \_\_\_\_\_

If needed, are you available to work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_ Desired Pay Range: \_\_\_\_\_  
Hourly or Salary

Do you have reliable transportation to and from work? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 year of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a US citizen/approved to work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_ (will need to provide proof of citizenship/legal status)

Have you ever applied to work at EPHC before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have any friends/relatives/acquaintances working for EPHC? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name and relation \_\_\_\_\_

---

EDUCATION

	Name and Location	Graduate? – Degree?	Major/Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your skills, qualifications, areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing the above mentioned position.

---



---



---

LICENSES/CERTIFICATIONS

Name	Number	Expiration Date

Have you ever had a license suspended or revoked for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, nature of revocation/suspension, when, where, and disposition \_\_\_\_\_

---

Will you consent to a mandatory drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any condition that would require job accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe accommodations needed \_\_\_\_\_

(NOTE: EPHC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job duties.)

Ever been convicted of criminal offense (felony or misdemeanor)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state nature of crime(s), when and where convicted, and disposition of case \_\_\_\_\_

Are you a member of the Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_ In which branch of the military did you enlist? \_\_\_\_\_

What was your rank when you were discharged? \_\_\_\_\_ How many years did you serve? \_\_\_\_\_

What military skills do you possess that would be an asset for this position? \_\_\_\_\_

---

---

### **PREVIOUS EXPERIENCE**

Please list beginning from most recent

Dates Employed: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job notes: tasks performed and reason for leaving:

---

---

---

---

---

Dates Employed: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job notes: tasks performed and reason for leaving:

---

---

---

Dates Employed: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job notes: tasks performed and reason for leaving:

---

---

---

---

---

---

---

---

Dates Employed: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job notes: tasks performed and reason for leaving:

---

---

---

---

---

---

---

---

Dates Employed: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Job notes: tasks performed and reason for leaving:

---

---

---

---

---

---

---

---

REFERENCES:

Please provide 3 personal and professional reference(s) below:

Reference: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Reference: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Reference: \_\_\_\_\_ Contact Information: \_\_\_\_\_

---

AT WILL EMPLOYMENT

The relationship between you and EPHC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or EPHC. No representative of EPHC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and you acknowledge that no oral or written statement or representations regarding your employment can alter your "at will" employment status, except for a written statement signed by you and our Board of Directors President.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_