

EMPLOYMENT APPLICATION

Name (Last, First, Middle Initial)		Address		City	State	Zip
Home Phone #	Cell Phone# or Day Phone#	Social Security #	Have You Ever Been Convicted (Currently or Previously) with any crime other than a Minor Traffic Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No; If So, List Date, Charge(s) and Location(s)			
Are You Authorized to Work in the U.S. under Immigration Laws?		How Did You Hear About Employment at Avita Health?				
Do You Have Any Relatives Employed by Avita Health System? <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, Name of Relative _____ Relation _____ Department _____			Have You Previously Been Employed GCH, BCH or Avita? <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, Date and Name at Termination _____ Department _____			
Primary Area of Interest: (Check One) <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> Clerical <input type="checkbox"/> Service <input type="checkbox"/> Patient Care <input type="checkbox"/> Technical <input type="checkbox"/> Management <input type="checkbox"/> Professional <input type="checkbox"/> Other: _____			Salary Requirements		Avita Health System promotes the hiring of non-tobacco users. Are you a tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired (First Choice) Title: _____ Department: _____			Position Desired (Second Choice) Title: _____ Department: _____			
Will You Work: Nights? <input type="checkbox"/> Yes <input type="checkbox"/> No Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No Days? <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Summer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are You Available To Work: Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time? <input type="checkbox"/> Yes <input type="checkbox"/> No Casual? <input type="checkbox"/> Yes <input type="checkbox"/> No Temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are You Able to Perform the Essential Functions of the job for which you are applying with or without a Reasonable Accomodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been suspended, excluded or debarred from participation in any federal contract or program, including, but not limited to Medicare or Medicaid or any other federal or state health care program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Acquired Skills Which Would Be Useful in the Desired Position:					Date Available to Work: <input type="checkbox"/> ASAP <input type="checkbox"/> Other: Please Supply Date _____	
Professional Organizations and Special Interests/Hobbies <i>(Omit any which may indicate race, religion, color, national orgin or gender)</i>						
Please Give Name(s) of Persons We May Contact to Verify Your Qualifications For This Position <i>(Not a Relative; Known for 5 Years or Longer)</i>						
Name		Occupation/Organization			Daytime Phone	
Name		Occupation/Organization			Daytime Phone	

NAME: _____ S.S. # _____

DATE: _____

Please Do Not Use "See Resume" when pertaining to the below information. *Supplemental Application Forms Are Available If You Need More Space.

High School:	Your Name if Different:	City/State	Diploma/Degree? ___ Yes ___ No	Equivalent? ___ Yes ___ No
College:	Your Name if Different:	City/State	Diploma/Degree? ___ Yes ___ No	Degree Received:
Other:	Your Name if Different:	City/State	Diploma/Degree? ___ Yes ___ No	Degree Received:

Professional Licenses & Registrations Held:	Registration #	State	Expiration Date
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Military Service	Type	Special Training	From	To
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To Mo. Yr.	Company Name:	Department:	Position Title and Brief Description of Job Duties:	Reason(s) for Leaving:
/	Street Address:	Name & Title of Supervisor:		
Start Mo. Yr.	City/State/Zip	Phone: ()	___ Full Time ___ Part Time	May We Contact Your Current Employer? ___ Yes ___ No
/	Phone: () Your Name if Different:	Final Salary: Per: ___ Hour ___ Year		

To Mo. Yr.	Company Name:	Department:	Position Title and Brief Description of Job Duties:	Reason(s) for Leaving:
/	Street Address:	Name & Title of Supervisor:		
Start Mo. Yr.	City/State/Zip	Phone: ()	___ Full Time ___ Part Time	
/	Phone: () Your Name if Different:	Final Salary: Per: ___ Hour ___ Year		

To Mo. Yr.	Company Name:	Department:	Position Title and Brief Description of Job Duties:	Reason(s) for Leaving:
/	Street Address:	Name & Title of Supervisor:		
Start Mo. Yr.	City/State/Zip	Phone: ()	___ Full Time ___ Part Time	
/	Phone: () Your Name if Different:	Final Salary: Per: ___ Hour ___ Year		

Statement of Agreement and Authorization

I certify that all of the information I have provided on this form to be true and accurate. I understand that application information will be verified and that false statements or omissions may result in immediate dismissal. I understand that if employed I must become familiar with and abide by all policies of Avita Health System. I further understand that any offer of employment is conditional upon satisfactory completion of the background investigation and pre-employment health assessment which will include a drug screen. I state my understanding that I would be hired "at will" and not under an employment contract and no manager or officer of Avita has the authority to enter into any type of employment contract with me to alter my at will status. I HEREBY GIVE MY PERMISSION TO PRESENT AND PRIOR EMPLOYERS TO RELEASE INFORMATION CONCERNING MY EMPLOYMENT HISTORY.

Signature	Date
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