



EMPLOYMENT APPLICATION

Name (Last, First, Middle Initial)		Address		City	State	Zip
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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? _____ Yes _____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? _____ Yes _____No; If Yes, Name of Relative _____ Relation _____ Department _____	Have You Previously Been Employed GCH, BCH or Avita? _____Yes _____No; If Yes, Date and Name at Termination _____ Department _____
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Primary Area of Interest: (Check One) _____RN _____LPN _____Clerical _____Service _____Patient Care _____Technical _____Management _____Professional _____Other: _____	Salary Requirements	Avita Health System promotes the hiring of non-tobacco users. Are you a tobacco user? _____ Yes _____No
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Position Desired (First Choice) Title: _____ Department: _____	Position Desired (Second Choice) Title: _____ Department: _____
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Will You Work: Nights? _____Yes _____No Evenings? _____Yes _____No Days? _____Yes _____No Weekends? _____Yes _____No Holidays? _____Yes _____No Summer? _____Yes _____No	Are You Available To Work: Full Time? _____Yes _____No Part Time? _____Yes _____No Casual? _____Yes _____No Temporary? _____Yes _____No
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Are You Able to Perform the Essential Functions of the job for which you are applying with or without a Reasonable Accomodation? _____Yes _____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? _____Yes _____No
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Acquired Skills Which Would Be Useful in the Desired Position:	Date Available to Work: _____ ASAP _____ Other: Please Supply Date _____
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Professional Organizations and Special Interests/Hobbies *(Omit any which may indicate race, religion, color, national orgin or gender)*

Please Give Name(s) of Persons We May Contact to Verify Your Qualifications For This Position *(Not a Relative; Known for 5 Years or Longer)*

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: ()		May We Contact Your Current Employer? ___Yes ___No
/	Phone: () Your Name if Different:	Final Salary: Per: ___Hour ___Year	___Full Time ___Part Time	

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: ()		
/	Phone: () Your Name if Different:	Final Salary: Per: ___Hour ___Year	___Full Time ___Part Time	

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: ()		
/	Phone: () Your Name if Different:	Final Salary: Per: ___Hour ___Year	___Full Time ___Part Time	

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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