

Patient Travel Clerk/Community Health Representative Application Form

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Email _____

Phone Number

(____) _____

Do you have a criminal record?

Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For _____

Days/Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hours Available: from _____ to _____

What date are you available to start work?

Why would you like to work at as Ditidaht Community Services?

EDUCATION:

Name and Address Of School

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

What do you feel makes this job right for you? _____

Two References:

Name/Title Phone

1. _____

2. _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____