ECHO Community Health Care, Inc.
315 Mulberry Street
Evansville, IN 47713
Admin. Phone: 812-424-9585 Fax: 812-421-7494
Medical Phone: 12-421-7489 Fax: 812-421-7497

APPLICATION FOR EMPLOYMENT

ECHO Community Health Care, Inc. is an Equal Opportunity Employer. All qualified applicants will receive consideration with out discrimination because of sex, race, color, religion, creed, national origin, or the presence of disabilities.

Date: ________________________

Last Name: _____________________________ First: _________________________ Middle:______________

Present Address: ____

Phone Number: _______________________________ Social Security Number: __________________________

Are you age 18 or older? Y/N ________________ Email:____

Position of Interest: ____ Full Time ☐ Part Time ☐

Education and Training: Complete below as appropriate.

School	Name and Address	Major	Graduation Date	Type of Degree
High School				
College or University				
Graduate School				
Technical or Vocational				
Other Training				

Professional Licensure of Certification; Please complete as appropriate.

Type of License or Registration	ID Number	Issue Date	Expiration Date	State

Technical and Professional Job Related Memberships: ____

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Work Experience: List all employment starting with present or most recent position. All blanks must be completed. The application will not be considered unless completed in full.

Present or Last Employer: ___________________________ **Phone:** ______________

Street Address: ____

City: _________________________ State: ________________ Zip: ____________

Supervisor's Name: _____________________________ May we contact? Y/N __________

Employed from: mo/yr. ____________ To: mo/yr. ___________ Last Job Title: _____________

Nature of work and responsibilities: ____

Starting Salary: $___________ Last Salary: $_____________ Reason for Leaving: ___________

____

Next Previous Employer: ___________________________ **Phone:** ______________

Street Address: ____

City: _________________________ State: ________________ Zip: ____________

Supervisor's Name: _____________________________ May we contact? Y/N __________

Employed from: mo/yr. ____________ To: mo/yr. ___________ Last Job Title: _____________

Nature of work and responsibilities: ____

Starting Salary: $_______________ Last Salary: $__________________ Reason for Leaving: _______________

____

Next Previous Employer: _______________________________________ **Phone:** _____________________

Street Address: ____

City: ___________________________________ State: _______________________ Zip: _________________

Supervisor's Name: ____ May we contact? Y/N ______________

Employed from: mo/yr. _________________ To: mo/yr. _______________ Last Job Title: __________________

Nature of work and responsibilities: ____

Starting Salary: $_______________ Last Salary: $__________________ Reason for Leaving: _______________

____

Next Previous Employer: _______________________________________ **Phone:** _____________________

Street Address: ____

City: ___________________________________ State: _______________________ Zip: _________________

Supervisor's Name: ____ May we contact? Y/N ______________

Employed from: mo/yr. _________________ To: mo/yr. _______________ Last Job Title: __________________

Nature of work and responsibilities: ____

Starting Salary: $_______________ Last Salary: $__________________ Reason for Leaving: _______________

____

Please explain any gaps in your Employment history: ____

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Do you have any relatives employed at ECHO Community Health Care? Y/N _____________________________

List names and relationships: ____

Are you prevented from lawfully becoming in this country because of visa or immigration status:
Y/N _____________ (Proof of citizenship or immigration status will be required upon employment.)

Have you ever been discharged from a job? Y.N ________________ If yes, please explain: __________________

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Have you served in the Armed Forces? Y/N _______________ Which Branch: ____________________________

Nature of your responsibilities: ____

Date Entered: ______________ Date Separated: _____________ Type of Discharge: ______________________

Have you ever been convicted of a felony, a violation of the Controlled Substance law? Y/N __________________

If yes, please explain: ____

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NOTICE: READ CAREFULLY AND SIGN

I voluntarily authorize EHCO Community Health Care (ECHC) to make a thorough pre-employment investigation. I hereby authorize former and present employers, except as otherwise indicated on this application, and others to provide or verify any information they have regarding me or my employment and release them from any liability for furnishing such information to ECHC. I understand that employment is contingent upon satisfactory investigation of references. All information in thi application and employment related documents are true and complete. I understand that if I am employed, false statements on this application and employment related documents shall be considered sufficient cause for dismissal. Upon an offer of employment, I agree to have a medical evaluation and understand that my employment is contingent upon passing the evaluation. I agree to take such future medical evaluation as may be required by ECHC. I understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of the ECHC Board of Directors. If employed, I agree to abide by the policies, procedures, and rules of ECHC. I further agree to protect the confidentiality and privacy of any information regarding ECHC patients.

Applicant Signature:____ Date: ______________