



Neighborhood Health Association
Employment Application for
Non-Contract Employees (Revised January 2021)

PLEASE PRINT ALL INFORMATION

Date of Application \_\_\_\_\_

Position applied for: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Salary required: Hourly \_\_\_\_\_ or Annual \_\_\_\_\_

NHA Policy #02-014: "Nepotism" allows the hiring of anyone with relatives and/or friends currently employed at any NHA site only if individuals involved do not work in a direct supervisory relationship...

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

Applicant's Name \_\_\_\_\_
(Last) (First) (M.I.)

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_
(Number) (Street Name)

(City) (State) (Zip Code)

Telephone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_ No \_\_\_\_\_ Yes
(Proof of U.S. citizenship or immigration status will be required upon employment)

Have you ever been convicted of or plead no contest to a crime? \_\_\_\_\_ No \_\_\_\_\_ Yes
Crime: Is any violation of a law, either felony or misdemeanor, that results in jail, prison, and/or fine as possible penalties.
If "yes," please explain \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ No \_\_\_\_\_ Yes

Reserve Status \_\_\_\_\_ Will you require time away to fulfill
reserve requirements (this will not affect the hiring decision)? \_\_\_\_\_ No \_\_\_\_\_ Yes
If so, how much time will you require each year? \_\_\_\_\_

Are you able to perform the duties of the position for which you are applying, with
or without an accommodation? \_\_\_\_\_ No \_\_\_\_\_ Yes
If "yes," please describe any needed accommodation? \_\_\_\_\_



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Were you previously employed by us? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, when \_\_\_\_\_

Do you have any relatives currently employed by NHA? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, what is the name and how are you related? \_\_\_\_\_

Were you referred to apply by a current staff member of NHA? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, what is the name of the employee who referred you? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, may we contact your employer? \_\_\_\_\_ No \_\_\_\_\_ Yes

## EDUCATION

SCHOOL	NAME & ADDRESS	# OF YEARS ATTENDED	DID YOU GRADUATE?	MAJOR OR FIELD
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
TECHNICAL SCHOOL				
GRADUATE SCHOOL				
OTHER				

Do you have a job related license or certificate? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please specify: \_\_\_\_\_

If there is an employer that you prefer that we do not contact, please list his name below and the reasons why would like us not to contact him.

\_\_\_\_\_  
\_\_\_\_\_



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**Former Employers** (list present or most recent employer first, then previous employers in chronological order. A resume may be substituted for the “**description of duties**” in this section.) *\*Please ask for the locations and names of our facilities.*

Date Employed: <hr/>	Employer’s Name: <hr/>	Supervisor’s Name: <hr/>
Date Left: <hr/>	Employer’s Address: <hr/>	Supervisor’s Title: <hr/>
May we contact this employer? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<small>Street Address</small> <hr/>	Reason for Leaving: <hr/>
Job Title: <hr/>	<small>City, State, Zip</small> <hr/>	<hr/>
	Employer’s Telephone: <hr/>	<hr/>

Description of your Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Employed: <hr/>	Employer’s Name: <hr/>	Supervisor’s Name: <hr/>
Date Left: <hr/>	Employer’s Address: <hr/>	Supervisor’s Title: <hr/>
May we contact this employer? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<small>Street Address</small> <hr/>	Reason for Leaving: <hr/>
Job Title: <hr/>	<small>City, State, Zip</small> <hr/>	<hr/>
	Employer’s Telephone: <hr/>	<hr/>

Description of your Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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Date Employed: <hr/> Date Left: <hr/> May we contact this employer? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Employer's Name: <hr/> Employer's Address: <hr/> Street Address <hr/> City, State, Zip <hr/> Employer's Telephone: <hr/>	Supervisor's Name: <hr/> Supervisor's Title: <hr/> Reason for Leaving: <hr/> <hr/> <hr/>
Job Title: <hr/>		

Description of your Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Professional References Only: These references should have the ability to attest to the quality and scope of your abilities relative to the job for which you are applying. These references should not include relative or personal references.***

Name and Occupation	Address	Telephone Number Email Address:
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>



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***NEIGHBORHOOD HEALTH ASSOCIATION  
NON-CONTRACT EMPLOYMENT APPLICATION  
APPLICANT'S AFFIRMATION OF APPLICATION***

I hereby certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I acknowledge that if employed by the Neighborhood Health Association, any employment relationship is of "at will" nature, which means that you may resign at any time and that NHA may discharge at any time with or without cause. It is further understood that this relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Employer.

**The Neighborhood Health Association has a Drug Free Workplace Policy that requires drug testing of all new employees as part of the pre-employment screening process. Applicants will be required to voluntarily submit to a urinalysis at a laboratory chosen by the company. Our policy also states that 15% of all NHA employees will be randomly tested yearly.**

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**Signature of the Applicant**

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**Date**

**The Neighborhood Health Association is an Equal Opportunity Employer. We do not discriminate on the basis of race, creed, color, gender, national origin, military status or disability.**

**The Neighborhood Health Association is a drug free and smoke free environment.**

**The Neighborhood Health Association is committed to the tenets of its mission, integrity and hard work.**



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***PLEASE USE THIS PAGE FOR ANY ADDITIONAL INFORMATION  
YOU WISH TO PROVIDE***