



Klamath Open Door Family Practice  
 Chiloquin Open Door Family Practice  
 Campus Convenient Care Clinic

**EMPLOYMENT APPLICATION**  
 AN EQUAL OPPORTUNITY EMPLOYER

**Position Applied For:** \_\_\_\_\_

**Date Available for Work:** \_\_\_\_\_

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets if more space is required.

<b>Personal Information</b>			
Name (Last)	(First)	(M.I.)	
Address (Street)	(City)	(State)	(Zip)
Telephone (Day)	(Evening)	(Cell)	(E-mail)
Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Note: All employment offers are contingent upon proof of eligibility to work in the U.S.</i>			
Have you been convicted of a felony or released from prison within the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Note: Please explain fully any convictions on a separate sheet of paper. Each case is considered individually. A conviction will not necessarily preclude you from employment; however failure to disclose convictions can disqualify you from employment.</i>			
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been an employee of this organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?			

<b>Education</b>			
Type of School	School & Location	Indicate Years Completed	Degree/Certificate
<b>High School</b>		9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> GED	
<b>College or University Studies</b>		1 2 3 4	
<b>Graduate School</b>		1 2 3 4	
<b>Business or Tech. School</b>		1 2 3 4	
<b>Other Relevant Training or courses</b>			

License/Registration/Certificate			
Description	State	Number	Expiration

## Work History

List each job held during the last ten (10) years with a minimum of five (5) employers, if available. ***Begin with your most recent experience.*** List all jobs separately and identify gaps in employment. ***A résumé will not substitute for the information required in this section.*** Résumés may be attached, but do not write “See Résumé” in lieu of completing the application. If necessary, use an additional sheet to include related work history beyond ten (10) years.

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		ADDRESS:
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		ADDRESS:
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		ADDRESS:
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

Have you ever been fired or asked to resign from a job?     Yes     No    If yes, please explain: \_\_\_\_\_

**Additional Information**

Please use the space below to list any additional experience, skills, languages, periods of time not worked, volunteer, internships, other professional or personal references or any other information that you believe we should know in considering your application for employment. Please also indicate any prior military service which you would like considered in connection with your application for employment.

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**Please read carefully and initial each of the following before signing:**

I understand that Klamath Health Partnership, Inc. will rely upon the information I have provided in this application and during my interview. I have had sufficient time to carefully fill out this application. I certify that the answers given herein are true and complete to the best of my knowledge and that my application does not contain any errors, omissions, misrepresentations, or any information which could be interpreted as misleading. I understand that any error, misrepresentation, omission, or misleading information in my application or interview(s) or during the application process will result in me not receiving an offer of employment, or the withdrawal of any offer of employment, or termination of employment (if hired).

Initial here

I authorize the employers, schools, or persons named in my application to release to Klamath Health Partnership all information regarding my employment, character and qualifications, and agree to hold all parties and persons who provide information to Klamath Health Partnership harmless with respect to the information they may give, receive or publish.

Initial here

I understand that any job offer is contingent upon my successfully passing a pre-employment drug test. I hereby agree to such pre-employment drug test and authorize the testing facility to release the test results to Klamath Health Partnership. I further understand and agree that I will be subject to reasonable suspicion drug and alcohol testing and/or random drug testing during my employment and I authorize the testing facility to release the test results to Klamath Health Partnership, Inc.

Initial here

**I understand that nothing contained in this employment application creates a contract for employment or for any other benefit with Klamath Health Partnership, Inc. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment is at-will and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Klamath Health Partnership or myself. I further understand that no representative of Klamath Health Partnership, except the CEO, has authorization to enter into a contract of employment for any specified period of time. I understand that I am required to abide by all of the rules and regulations of Klamath Health Partnership.**

Initial here

**SIGNATURE:** \_\_\_\_\_  
(signature required for application to be complete)

**DATE:** \_\_\_\_\_

**Equal Employment Opportunity Information**

Klamath Open Door Family Practice is an equal opportunity employer. The data collected in this section will be used solely for EEO and affirmative action purposes. Providing this information is voluntary and declining to provide it will not adversely affect your employment opportunities. Upon receipt, this information will be separated from your employment application and will not be available to the hiring authority. **If you do not wish to provide this information, choose Decline to Answer from the following lists.**

<b>Age: (Please Circle One)</b>	<b>Race: (Please Circle One)</b>	<b>Veteran Status:</b>
Decline to Answer	Decline to Answer	Decline to Answer
40 or Over	Asian	Veteran
40 or Under	Black	Not a Veteran
	Hispanic	
	Native American	
	White	

<b>For Human Resources Use Only:</b>			
<b>Interview (Y/N):</b>	<b>Date:</b>	<b>Interviewed by:</b>	
<b>Hired (Y/N):</b>		<b>Position:</b>	
<b>Start Date:</b>		<b>Supervisor:</b>	
<b>Comments:</b>			