

**SOUTHWEST OREGON IPA, INC**

289 LaClair St, Coos Bay, OR 97420

Phone: 541-269-7400

Fax: 541-269-7789

Application for Employment
Equal Opportunity/Affirmative Action Employer

Southwest Oregon IPA, Inc. (SWOIPA) is an equal opportunity/affirmative action employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices on the basis of race, color, religion, sex, marital status, age, national origin, sex orientation, disability, ancestry, and veteran or handicap status, or any other classification protected by law. No question in this application is intended to obtain information to be used for such discrimination.

SWOIPA is an employment at-will company. That means that both the employer and employee can terminate the employment relationship at any time for any reason.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire.

Please note that wherever the word SWOIPA is used in this application, refers to all departments of SWOIPA.

Instructions:

- Please complete this form in its entirety by typing in the provided spaces. Even if you are including a resume, we ask that you fill in all information. If you require additional spaced for answers, please use an additional sheet of paper.
- Applications remain active for up to 6 months from date of application.
- Your statements set forth in this application must be true and complete. False or incomplete statements may result in you not being considered for employment, or if not hired, termination of your employment.
- Incomplete applications will be rejected.
- You may be asked to provide official transcripts, licenses, certifications, or required diplomas before being employed. If employed, you must present documentation that proves you are authorized to work in the United States.

APPLICANT INFORMATION									
Last Name			First			M.I.	Date		
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Are you over the age of 18 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If so, when?		List the names and relationships of any relatives presently employed at SWOIPA:							
How did you hear about this position?									

JOB REQUIREMENTS															
Position Applied for:				Desired Salary		Date available									
Permanent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Temporary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Full-time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Part-Time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Would you work overtime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Would you work weekends?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to accept a position with varying shifts?				YES <input type="checkbox"/>	NO <input type="checkbox"/>						
State any limitations on your working hours:															



EDUCATION						
High School			Address			
Number of years attended		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
Number of years attended		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
Number of years attended		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
Number of years attended		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Trade, Business or Correspondence School			Address			
Number of years attended		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Any other skills, experience, and/or training that would enhance your ability to perform the position applied for:						

PREVIOUS EMPLOYMENT						
Begin with your present or most recent employment and work backwards in time. Include military service, self-employment, volunteer and part-time experience. This information may be verified with former employers.						
Company				Phone		
Address				Supervisor		
Job Title						
Summarize job responsibilities						
From		To		Reason for Leaving		
May we contact your supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title						
Summarize job responsibilities						
From		To		Reason for Leaving		
May we contact your supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	



Company				Phone		
Address				Supervisor		
Job Title						
Summarize job responsibilities						
From		To		Reason for Leaving		
May we contact your supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title						
Summarize job responsibilities						
From		To		Reason for Leaving		
May we contact your supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title						
Summarize job responsibilities						
From		To		Reason for Leaving		
May we contact your supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Have you ever been terminated from employment or asked to resign by an employer?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain:					
Do you have any gaps in employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:		



REFERENCES

*Please list **at least** three professional references with at least **two** being current or past supervisors.*

Full Name		Relationship	
Company		Phone	
Email			
Full Name		Relationship	
Company		Phone	
Email			
Full Name		Relationship	
Company		Phone	
Email			
Full Name		Relationship	
Company		Phone	
Email			
Full Name		Relationship	
Company		Phone	
Email			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize SWOIPA to verify information provided in this application and to conduct any applicable reference checks.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Please print, sign, and return to SWOIPA at hrsupport@advancedhealth.com or 289 LaClair St, Coos Bay, OR 97420.

Signature		Date	
-----------	--	------	--