



Instructions for Completing the Application for Employment

We appreciate your interest in applying for employment with ARA Health Specialists, P. A. While you are welcome to attach your current resume to this application, we require all portions of this application to be completed (with the exception of the voluntary self identification form). Please do not answer questions “See resume” or leave questions unanswered. This application gives us expanded information in the format best suited to our purposes. You are welcome to use the back side of the application or attached an extra sheet to give complete information including gaps in employment.

Your completed application will be considered active for 90 days from the date associated with your signature or the date received in our Human Resources Department (whichever is later). If you wish to be considered for positions after this period of time, you will need to submit another application.

You may return your completed application by:

Mailing to

ARA Health Specialists, P. A.
Attention: Devon Stepp
P. O. Box 2679
Asheville, NC 28802

Thank you for taking time to apply with us!

ARA Health Specialists, P. A.
Application for Employment

PERSONAL INFORMATION			Date
Name	(Last)	(First)	(Middle)
Street Address			Home No.
City	State	Zip Code	
Mailing Address (if different)			Work No.
Mailing Address (if different)			Other Contact No.
Have you previously applied for employment with us? Yes No If yes, which location and for which position?			If yes, when?
Are you legally eligible for employment in the United States? Yes No Are you 18 yrs of age or older? Yes No			Social Security No.
Are you available for Full-time work? Yes No			If yes, what hours?
Are you available for Part-time work? Yes No			If yes, what hours?
Are you available to work overtime if needed? Yes No			When are you available to begin work?
Position Desired?			Rate of Pay desired?
Names of any relatives or friends that are working for us:			Relationship to person(s)?
Have you ever been convicted of any felony or misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? Yes No If yes, please explain: *This practice will not deny employment to an applicant solely because the person has been convicted of a crime. We may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.			If yes, when? What state?

EDUCATION	
High School	Did you graduate? Yes No
College	Degree Earned? Yes No
Please list degrees, certifications and other special training:	Are certifications current? If yes, thru what date?
MILITARY	
Did you serve in the U. S. Armed Forces? Yes No Please list any training relevant to the position for which you are applying:	If yes, what Branch?
OTHER SKILLS	
Office equipment previously operated:	
Computer software you have used:	

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status

EMPLOYMENT HISTORY (Please give accurate and complete full-time and part-time employment record starting with your present or most recent employer)

Company name and address:	Phone number:
Name of Supervisor:	Dates of employment:(mm/yy) From To
Position held and brief description of duties:	Pay rate: (circle one) \$ hr wk mo
Reason for leaving:	

Company name and address:	Phone number:
Name of Supervisor:	Dates of employment:(mm/yy) From To
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Reason for leaving:	

***If additional space is needed, please continue on the back of the application form.**

Which of these positions did you enjoy the most? Why?
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Which of these positions did you enjoy the least? Why?

DO NOT CONTACT THESE EMPLOYERS

In the event of a pending job offer, we may contact current and previous employers listed unless you indicate those you do not want us to contact:

Please do not contact:

Employer(s)

Reason(s):

AUTHORIZATIONS, RELEASES AND SIGNATURES (Please read and review carefully)

I, _____ (please print name), authorize ARA Health Specialists, P. A. to contact my current and previous employers to verify my employment and to obtain detailed information about my previous job duties, salary information, job performance, work ethics, and other behaviors as an employee. By signing this release, I authorize my current and/or previous employers to release this information to ARA Health Specialists, P. A. and I agree to release and discharge all claims and/or liabilities that are in any manner connected to disclosure of employment related information. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

Signature

Date

The information provided in this Application for Employment is true, correct, and complete. If employed, any misrepresentation, misstatement, or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and my compensation can be terminated with or without cause, or without notice, at any time, by either my or the company's option. I understand and agree that the terms and conditions of my employment may be changed, with or without cause, and without notice, at any time by the company. I also understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

If ARA Health Specialists, P. A. decides to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize them to do so. If a report is obtained they must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature

Date

Your completed application will be considered active for 90 days from the date associated with your signature or the date received in the HR department (whichever is later). If you wish to be considered for other positions after this period, you will need to submit an updated application.

Voluntary Self identification Form

ARA Health Specialists, P. A. is an Equal Opportunity/Affirmative Action Employer. As such, we are subject to certain reporting and affirmative action requirements. In order to comply with these laws, we invite you to voluntarily self identify by providing your sex, race, or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations including those that require the information to be summarized and reported to the federal government. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This insert will be separated from your application and will be separately maintained.

How were you referred to ARA Health Specialists, P. A.? Ad in newspaper or other publication__
Staffing Agency__ A current employee__ (name of employee : _____)
A previous employee__ (name of previous employee : _____)
State employment agency__ Other__

Position(s) for which you are applying:

Sex: () Male
() Female

Ethnicity:

- () Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race.

Race:

- () White (Not Hispanic or Latino) (A person having origins in any of the original peoples of Europe, The Middle East or North Africa)
() Black or African-American (Not Hispanic or Latino) (A person having origins in any of the black Racial groups of Africa)
() Asian (Not Hispanic or Latino) (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
() American Indian or Alaskan Native (Not Hispanic or Latino) (A person having origins in any of the Original peoples of North and South America (including Central America), and who maintain tribal Affiliation or community attachment)
() Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) (A person having origins in any Of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
() Two or more races (Not Hispanic or Latino) (All persons who identify with more than one of the Above five race categories.)

Print Applicant Name _____ Date _____

Signature: _____

Thank you for your assistance!