

- The HSC Pediatric Center**, 1731 Bunker Hill Road, NE Washington, DC 20017 ♦ (202) 832-4400
- Health Services for Children with Special Needs**, 1101 Vermont Avenue, NW Suite 1201 Washington, DC 20005 ♦ (202) 466-8483
- The HSC Foundation**, 1808 Eye Street, NW, Suite 600 Washington, DC 20006 ♦ (202) 454-1220

Job Line (202) 635-6171 ♦ **Fax** (202) 635-6121 ♦ **TTY** (202) 832-7848

EMPLOYMENT APPLICATION

PERSONAL DATA

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NO.
ADDRESS (STREET, STATE, ZIP CODE)	TELEPHONE ()

Do you have a legal right to work in the U.S.? Yes No

(In accordance with the Immigration Reform and Control Act of 1986, proof of employment eligibility and identification will be required.)

Have you ever been convicted of a crime within the last seven years? Yes No

(An affirmative response is not an automatic bar to employment.)

If yes, explain when, where, and disposition of case. *(Use additional paper if necessary.)*

Were you previously employed by the HSC Healthcare System? Yes No

If yes, when?

How did you learn of employment opportunities at the HSC Healthcare System? _____

POSITION DESIRED

POSITION(S) APPLIED FOR (IN ORDER OF PREFERENCE)

1.	2.	3.
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SALARY REQUIREMENT (BE SPECIFIC)	STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	DATE AVAILABLE FOR WORK
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DAYS AND HOURS AVAILABLE, IF LESS THAN FULL-TIME	SHIFT PREFERENCE
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EDUCATION AND SKILLS

Do you have a High School Diploma or G.E.D.? Yes No

Highest Level of Education Completed: *(check)*

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Vocational Program | <input type="checkbox"/> Jr. College Graduate | <input type="checkbox"/> Some Graduate Work |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Some College | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Graduate Degree |

Highest Degree/Diploma Received: _____

School Name/Address

Major _____

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS	STATE OF ISSUE	EXPIRATION DATE

AN EQUAL OPPORTUNITY EMPLOYER

List any position relevant skills you have:

Typing Speed: _____WPM PC Program Proficiency (e.g., *Microsoft Office Suite*)

WORK EXPERIENCE

*A resume may be included to give a more detailed description of work performed or a listing of additional jobs.
If you submit a resume to supplement your work history, you must still answer all questions completely.*

May we contact your current employer? **yes** **no**

EMPLOYED		EMPLOYER <small>(LIST LAST EMPLOYER FIRST)</small>	JOB DESCRIPTION AND TITLE		RATE OF PAY	REASON FOR LEAVING
MO.	YR.					
FROM		EMPLOYER	TITLE		START	
		ADDRESS <small>(STREET, CITY, STATE, ZIP CODE)</small>	DUTIES	HRS./WK.		
TO		TELEPHONE	SUPERVISOR		LAST	
FROM		EMPLOYER	TITLE		START	
		ADDRESS <small>(STREET, CITY, STATE, ZIP CODE)</small>	DUTIES	HRS./WK.		
TO		TELEPHONE	SUPERVISOR		LAST	
FROM		EMPLOYER	TITLE		START	
		ADDRESS <small>(STREET, CITY, STATE, ZIP CODE)</small>	DUTIES	HRS./WK.		
TO		TELEPHONE	SUPERVISOR		LAST	
FROM		EMPLOYER	TITLE		START	
		ADDRESS <small>(STREET, CITY, STATE, ZIP CODE)</small>	DUTIES	HRS./WK.		
TO		TELEPHONE	SUPERVISOR		LAST	
FROM		EMPLOYER	TITLE		START	
		ADDRESS <small>(STREET, CITY, STATE, ZIP CODE)</small>	DUTIES	HRS./WK.		
TO		TELEPHONE	SUPERVISOR		LAST	

a) PLEASE READ CAREFULLY

I certify that the answers to the foregoing questions are true to the best of my knowledge and agree to have any of the statements checked by the HSC Healthcare System unless I have indicated to the contrary.

I am aware that a more detailed investigation concerning background and credit may also be conducted, if applicable to the job for which I am applying, and I hereby authorize such an investigation.

Should a job offer be made, I consent to taking a pre-employment physical examination and such future examinations as may be required by HSC Healthcare System. I understand that any job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I understand that as part of my pre-employment physical examination, upon which any offer of employment is contingent, I will be required to successfully pass a drug screening test. The test will be administered at the expense of HSC Healthcare System, and will require me to provide a urine specimen for analysis. The urine specimen will be analyzed for the presence of marijuana, cocaine, phencyclidine (PCP), opiates and amphetamines. Results of the drug test are confidential, and will not be disclosed to others without my specific written consent. My signature below specifically signifies my consent to this pre-employment drug screening test.

I understand that nothing contained in this employment application is intended to lead to or create an employment contract between the HSC Healthcare System and myself which would in any way restrict the right of the company to terminate my employment at will.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will, and either I or the HSC Healthcare System may terminate the relationship at any time.

I understand that any misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations herein or in conjunction with the application process may be cause for dismissal.

APPLICANT'S SIGNATURE _____ **DATE** _____

IDENTIFICATION SURVEY

PRIVACY NOTIFICATION STATEMENT

The HSC Healthcare System is subject to Title VII of the Civil Rights Act of 1964. As such, it is required to file yearly reports with the Regional Equal Employment Opportunity Office, designating the gender, race and ethnicity of its employees. To facilitate this process, The HSC Healthcare System provides this voluntary Identification Survey. You are not required to complete this form, and are free to disregard it. However, your cooperation will enable the organization to report more accurately. Any response that you choose to make will be treated in a confidential manner and retained separately. It will not be made a part of your personnel file.

RACE/ETHNIC DESIGNATION

INSTRUCTIONS: Please check appropriate category (*one category only*):

Race/ethnic designations as used by the Federal Government do not denote scientific definitions of anthropological origins. For the purposes of this survey, and employee or applicant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than **one** race/ethnic group. The race/ethnic categories used for this survey are:

AMERICAN INDIAN or ALASKA NATIVE (*Not of Hispanic Origin*)

All persons having origins in any original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community attachment.

ASIAN (*Not of Hispanic Origin*)

All persons 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.

BLACK (*Not of Hispanic Origin*)

All persons having origins in any of the Black racial groups of Africa.

HISPANIC or LATINO

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (*Not of Hispanic Origin*)

All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE (*Not of Hispanic Origin*)

All persons having origins in any original peoples of Europe, North Africa, or the Middle East.

Two or more races (*Not of Hispanic Origin*)

All persons who identify with more than one of the above five races.

Date _____