



Neighborhood Health Centers of the Lehigh Valley (NHCLV)

635 E. Broad St, Bethlehem, PA 18018

Phone: 610-820-7605

Fax: 610-820-7606

Job Application

Personal Information

Last		First		MI	Email
Street Address		City	State	Zip	Phone
Are you entitled to work in the United States?			Are you 18 or older?		If yes, Date of Birth
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Branch _____			Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What position are you applying for?			How did you hear about this position?		
Expected Hourly Rate	Expected Weekly Earnings		Date Available		

Please list below any dates that would conflict with the hours required of this position that would be occurring within the 3 month probation period. If there aren't any, please write "None".

Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
Phone			
Name of Immediate Supervisor			
Your Position/Job Title			
Dates of Employment			
Pay			
Reason For Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Name/Location	Last Year Completed	Degree	Major or Emphasis	
High School		9 10 11 12		
College / University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies including NPI, DEA, License Numbers				

Professional References

List three references below in which you give NHCLV permission to contact. Two of the three references need to be a supervisor or higher level.

	Reference 1	Reference 2	Reference 3
Name			
Address			
Telephone			
Relationship			
Years Known			

Disclaimer – By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
--	-----------	------