



Employment Application

GHP is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Last Name		First Name		Middle Initial	
Street Address		City		State	Zip Code
Primary Telephone Number			Alternate Telephone Number		
Position Applied For:			Date of Application:		
Emergency Contact		Emergency #		Relationship	

How did you learn of this position?

☐ Advertisement ☐ Web Page ☐ Phone Inquiry ☐ Referral ☐ Agency ☐ GHP Employee*

What type of employment is desired? ☐ Full Time ☐ Part Time ☐ Contingent/Temporary

Do you know anyone that works for GHP? ☐ Yes ☐ No If yes, Name _____

Are you a US Citizen? ☐ Yes ☐ No If no, are you authorized to work in the United States? ☐ Yes ☐ No

Specify type of employment authorization and expiration Date: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please explain number of conviction(s), nature of offense(s), leading to conviction(s), dates of infraction(s), and sentence imposed.

Do you have a reliable means of transportation available to you if travel is required? ☐ Yes ☐ No

Are you physically or otherwise unable to perform the duties of the job for which you are applying? ☐ Yes ☐ No

Specialized Skills

Computer/Keyboard
Windows Software
Training/Teaching
Second Language

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Medical Technology
Clinical
Data Analysis
CPR Certified

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

State any additional specialized skill information you feel may be helpful to share: _____

Employment History:

Please list your work history for the past three years beginning with your most recent employer.

Employer: _____ Phone: _____

Address: _____

Type of Business: _____

Name of Supervisor: _____ May we contact? ☐ Yes ☐ No

Dates of Employment: From: _____ To: _____ Final Salary: _____

Area of Responsibility: _____

Reason for Leaving? _____

Employer: _____ Phone: _____

Address: _____

Type of Business: _____

Name of Supervisor: _____ May we contact? ☐ Yes ☐ No

Dates of Employment: From: _____ To: _____ Final Salary: _____

Area of Responsibility: _____

Reason for Leaving? _____

Employer: _____ Phone: _____

Address: _____

Type of Business: _____

Name of Supervisor: _____ May we contact? ☐ Yes ☐ No

Dates of Employment: From: _____ To: _____ Final Salary: _____

Area of Responsibility: _____

Reason for Leaving? _____

Please explain any gaps in employment: _____

Have you ever worked for GHP or any subsidiary of GHP? ☐ Yes ☐ No

If yes, give dates of employment and position: _____

Have you ever been suspended or discharged from employment? ☐ Yes ☐ No

If yes, please explain: _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School/GED				
College/University				
Post Graduate				
Other (Specify)				

Registration, Licensure, or Certification:

Type: _____ State: _____ No.: _____ Exp. Date: _____

References

Please list the name, address, telephone numbers and relationship for three non-related individuals.

1.

2.

3.

Please Read and Sign:

I certify that the statements I have made in this employment application are true and complete. I understand that verification of all statements on this application may be required prior to employment. I hereby authorize GHP to inquire of all schools, organizations and employers indicated on this application as to my qualifications, conduct and performance. I understand that any offers of employment are conditional and preliminary until all formal documents are completed, appointing me to a position.

I understand that GHP is an At-Will Employer, which means that my employment is at will and may be terminated at any time, with or without notice and with or without cause or reason , at the option of either GHP or myself. In the event I am employed by GHP, I agree to comply with all rules, regulations and policies. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

I have read and understand the above statements and conditions of this employment application:

Signature of Applicant

Date

Voluntary Questionnaire:

Below are two questions: the first is about your ethnicity, and the second about your race. You are to answer both questions. In answering the second question, you may select one or more races. The summarized information is reported to the Federal government for civil rights enforcement and monitoring purposes. For these purposes, if you mark “Yes, Hispanic or Latino” your race will not be reported. The summarized information on race will be reported in the following categories only:

1. White
2. Black or African American
3. Asian
4. Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Two or More Races (not Hispanic/Latino.)

If you select more than one race, you will be reported to the Two or More Races category. For example, if you select Black and American Indian or Alaska Native, you will be reported in the Two or More Races category.

Question 1 – Ethnicity

Are you Hispanic or Latino?

- ☐ No Not Hispanic or Latino
- ☐ Yes Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin, regardless of race

Question 2 – Race

What is your race? Select one or more of the following five race categories.

- ☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Black or African American – A Person having origins in any of the Black racial groups of Africa.
- ☐ Asian – 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.
- ☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ Two or More Races (not Hispanic/Latino)