



VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Completion of this form is **voluntary**. You may skip this page to begin application process on the next page.

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, disability or any other protected class.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment.
It is considered confidential information that will not be used in any hiring decision.
Upon receipt it is filed separately from the employment application.

Position applied for: _____ Date: _____

Name: _____

Referral Source: Newspaper Advertisement Magazine Advertisement Government Employment Agency
Walk-in Web Site Job Fair Employee Relative Private Employment Agency
Other Name of Source: _____

Sex: Male Female

Age: (check only if) Under 18 or Over 40

Race/Ethnic Group: (check only one)

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

Hispanic/Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture regardless of race.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, The Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.

Native American: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. (Meets Bureau of Indian Affairs definition standards)

Two or more races: Not Hispanic or Latino

White: (or not covered above)

Check One, if Applicable:

Veteran

Vietnam Era Veteran

Disabled Veteran

Individual with a disability

Please continue to the next page to begin application.



2200 E. Show Low Lake Road
 Show Low, Arizona 85901
 Recruiter: 928-537-6367
 FAX: 928-532-8995

Application for Employment

PRE-EMPLOYMENT DRUG TESTING REQUIRED

Applications accepted for open positions only

24-hour Job Line 928-537-6334

Career Opportunities at www.summithealthcare.net

Position Applied for _____ Date of Application: _____
A separate application is required for each position you are applying for.

Type of employment desired Full Time Part Time Temporary Pool/PRN Seasonal

Preferred Shift Days Afternoon/Evening Nights Any

Referral Source: Newspaper Advertisement Magazine Advertisement Government Employment Agency

Walk-in Web Site Job Fair Employee Relative Private Employment Agency

Other Name of Source _____

Name:Last: _____ First: _____ Middle: _____

Mailing Address: _____ City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____ E-Mail _____

If necessary, best time to call you at home is? _____ May we contact you at work? YES NO

If yes, work number: _____ Best time to call? _____

Have you filed an application here before? _____

If yes, when and for what position? _____

Have you ever been employed here before? If yes, when _____

Are you legally eligible for employment in this country? YES NO
(Proof of eligibility to work in the United States will be required upon employment)

Are you related to any Summit Healthcare Employee? YES NO

If yes, who and what is your relationship? _____

If hired when are you available to start work? _____

Are you on lay-off and subject to recall? YES NO

Will you travel if job requires it? YES NO Will you relocate if job requires it? YES NO

Are you able to meet the attendance requirements of the position? YES NO

Will you work overtime if required? YES NO

Have you ever been bonded? YES NO

Have you ever pled guilty or no contest to or been convicted of any criminal offense? YES NO
(Such conviction may be relevant if job related, but is not an absolute bar to employment.)

If YES, please explain:

Employment History

Employment history must be listed here. You may also include a resume, but it will not replace this list.

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Years of experience may be used to determine wage. Use additional paper if needed and include employer, name of contact person, phone number, type of work done and responsibilities. Explain any gaps in employment in comments section below.

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities:

Reason for leaving: _____ May we contact for reference? Yes No Later

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities:

Reason for leaving: _____ May we contact for reference? Yes No Later

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities:

Reason for leaving: _____ May we contact for reference? Yes No Later

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates Employed _____ To _____ Rate of Pay Started at \$ _____ per _____ Ended at \$ _____ per _____

Job Title/Position _____ Supervisor's Name and Title _____

Work performed and job responsibilities:

Reason for leaving: _____ May we contact for reference? Yes No Later

Comments (including explanation of any gaps in employment)

Please read carefully before submitting your application

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information, I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

Summit Healthcare is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I understand that any job offer, or my continued employment if hired (within the guidelines of the American Disability Act), is contingent upon all the essential job functions with or without accommodations.

This application is good for the posted position until it is filled. If the position is posted as open again it will be necessary to fill out a new application. A separate application is required for each position you are applying for. Applications are accepted for open positions only.

Summit Healthcare has a policy of no smoking on the premises.

I understand that upon receiving a job offer, a physical examination, drug screening and criminal background check will be required.

Check this box to certify that you have read and accept the above statement.
You must acknowledge acceptance of the above statement to submit application.

If you are printing this application to submit manually please sign below.

Signature of Applicant: _____ Date: _____

