EMPLOYMENT APPLICATION

Date: ______________________

Name: ____
(LAST, FIRST MIDDLE)

Address: ____
(STREET / CITY / STATE / ZIP)

Telephone: (_____) ______-___________ Email Address: ______________________

Are you 18 years of age or older? ___Yes ___ No Have you ever been convicted of a felony? ___Yes ___ No

If hired, can you provide documentation to verify that you are authorized to work in the U.S.? ___Yes ___ No

Can you speak any language(s) other than English? ___Yes ___ No If so, please list: ______________

EDUCATION

Type	Name / Location	Course of Study	# Years Completed	Degree / Diploma Obtained
High School				
College				
Technical or Other				

EMPLOYMENT RECORD

	Company Name and Address	Position	Date: Started / Ended	Rate of Pay	Reason for Leaving
1.					
2.					
3.					
4.					

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type of License(s) Held ____

License # ______________________ Date Obtained __________ Expiration Date ____________

Certification(s) ____

PROFESSIONAL REFERENCES

Name / Occupation / Phone Number / Years Known

1. ____
2. ____
3. ____

EMPLOYMENT

Position Desired: ____________________ Check One: ☐ Part Time ☐ Full Time

Salary Desired: _____________________

How were you referred to our organization? ____

Do you have any relatives who are employed by this organization? ___Yes ___ No

Please Specify: ____

Is there any information we would need about your name, or use of another name, for us to be able to check your employment history? ___Yes ___ No

Please Specify: ____

Please list any additional information that relates to your ability to perform the job for which you have applied such as: military experience, professional training and/or memberships, skills, extracurricular activities, etc.
____
____

APPLICANT'S ACKNOWLEDGEMENT

I understand that this employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief executive officer of this organization. I understand this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I understand Brevard Health Alliance, Inc. (BHA) is a drug free workplace and I will be subject to drug testing prior to employment. I also understand I will be subject to a background check prior to employment. In addition, I understand employment is contingent upon successful completion of the credentialing process based on the position applied for.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: ____ Date: _______________________

Brevard Health Alliance, Inc. is an equal opportunity employer and does not discriminate based on race, color, religion, national origin, gender, sexual orientation, age, disability, pregnancy, genetic information, veteran/military status, marital status or any other status protected by federal or state law.

Please send completed applications to the Brevard Health Alliance, Inc., Human Resources Department
2120 Sarno Road, Melbourne, FL 32935 or Fax: 321-241-6892 or Email: bha-hr@bhachc.org

INVITATION TO SELF-IDENTIFY

Name __________________________Position Applied for _____________________ Date _________________

Brevard Health Alliance, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants and employees to voluntarily self- identify their race/ethnicity and gender. Brevard Health Alliance, Inc. is an equal opportunity employer and does not discriminate based on race, color, religion, national origin, gender, sexual orientation, age, disability, pregnancy, genetic information, veteran/military status, marital status or any other status protected by federal or state law. YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. ANY INFORMATION YOU PROVIDE WILL BE MAINTAINED SEPARATE FROM YOUR EMPLOYMENT APPLICATION.

What is your gender?

☐ Male

☐ Female

☐ I prefer not to disclose my gender.

What is your race/ethnicity? Please select one.

☐ Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of 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 the origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ 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 Alaska 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 maintains tribal affiliation or community attachment.

☐ Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

☐ I prefer not to disclose my race/ethnicity.

INVITATION TO SELF-IDENTIFY VETERAN STATUS

Brevard Health Alliance, Inc. is recognized as federal contractor or a subcontractor and is required to provide applicants and employees with the opportunity to self-identify as a protected veteran and as an individual with a disability. In order to comply with these regulations, we must track certain data regarding our applicants. YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. ANY INFORMATION YOU PROVIDE WILL BE MAINTAINED SEPARATE FROM YOUR EMPLOYMENT APPLICATION. Thank you!

I belong to the following classifications of protected veterans (choose all that apply):

- A "***disabled veteran***" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "***recently separated veteran***" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "***active duty wartime or campaign badge veteran***" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "***Armed forces service medal veteran***" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I identify as one or more of the Classifications of Protected Veteran Listed Above

☐ I am Not a Protected Veteran

☐ I do not want to self-identify

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

_________________________ Your Name

__________________ Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[i] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.