



Robert C. Byrd Clinic

Quality Healthcare... Close to Home

1464 Jefferson Street N - Lewisburg, WV 24901-1380 | LEWISBURG OFFICE

356 Nicholas Street - Rupert, WV 25984 | RUPERT OFFICE

1.800.870.5822 / 304.645.3220

Personal Information

Last Name	First Name	Middle Initial	Date
Address			Primary Phone (Area Code)
City, State, Zip		County	Alternate Phone (Area Code)
Desired Position			E-Mail Address
Are you legally eligible for employment in the United States?			Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
When will you be available to begin work?			Pay Expected
Have you been convicted of any crimes in the past 10 years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? A criminal record does not constitute an automatic bar to employment. If yes, describe in full. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been excluded from participation in any state or federal health care programs? If yes describe in full: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you applied for employment with us on a prior date? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you available for full time employment? Yes <input type="checkbox"/> No <input type="checkbox"/>

Education

School	Name & Location of School	Dates Attended	Did you graduate?	Course of Study	Degree Received
High School					
Technical or Trade School					
College					
Graduate					

Military Experience

Did you serve in the U.S. Armed Forces?
If yes what branch?
Describe any training received relevant to the position for which you are applying.

Additional skills: _____

Employment History (Begin with most recent employer. Explain any gaps in employment other than those due to personal illness/disability.)

(1) Name of Employer	Employer's Address	Phone (Area Code)
Employed From _____ To _____	Your Job Title	Job Description
Supervisor Name	Salary	Reason for Leaving

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Employed From _____ To _____	Your Job Title	Job Description
Supervisor Name	Salary	Reason for Leaving

Have you ever been fired or asked to resign from a job?
 Yes No

References (Provide at least two professional references who can attest to your qualifications for the job you are seeking.)

1	Name	Relationship	Business	Phone (Area Code)
2	Name	Relationship	Business	Phone (Area Code)
3	Name	Relationship	Business	Phone (Area Code)

Applicant Statement

I certify that all information I have provided in this application for employment is true, correct, and complete. I understand that false, incomplete, misrepresented or omitted information of any kind, will result in my disqualification from consideration for employment or, if employed, my immediate termination of employment.

I authorize, without reservation, Robert C. Byrd Clinic or its representatives to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to verify the accuracy of all information provided by me in my resume, application, or job interview. I hereby waive any and all rights and claims I may have regarding Robert C. Byrd Clinic or its representatives for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

I certify that I have read, fully understand, and accept all terms of this Applicant Statement.

Signature: _____ **Date:** _____