NEHALEM BAY
HEALTH CENTER & PHARMACY
COMPASSIONATE COMMUNITY CARE
(Formerly known as Rinehart Clinic)
PO Box 176, 230 Rowe St., Wheeler, OR 97147 Phone: 1-800-368-5182 Fax: 1-844-712-3001

Instructions: Please furnish all information requested on this form. A resume will not be accepted as a substitute for the employment application. If you wish to supply additional information, please attach on a separate sheet or a resume. Please type or print clearly all information. (We appreciate your interest in employment and are sincerely interested in your qualifications. A clear understanding of your interpersonal and work related skills, education and work experience will aid us in considering you for a position opening for which you are best qualified.) NOTE: all applications are reviewed and only the most qualified candidates are contacted for further consideration and interview. Only complete, SIGNED, employment applications will be considered.

PERSONAL DATA							
Legal Last Name		First		M.I.		Date	
Phone		Email					
Current Address			State		ZIP		
Permanent Address (if different from above)							
City		State		ZIP			
If you are under 18 years of age, are you able to provide proof of your eligibility to work? Yes ☐ No ☐							
EMPLOYMENT SPECIFICATIONS							
Positions(s) applying for:							
Salary desired:			Date available:				
Full Time ☐	Part Time ☐						
On-Call ☐	Temporary (If temporary, indicate which months you are available)						
Number of hours per week available?							
Would you be willing to work overtime if asked? Yes ☐ No ☐							
Indicate days and hours you are available for work:							
Mon ☐	Tues ☐	Weds ☐	Thurs ☐	Fri ☐	Sat ☐	Sun ☐	
Do you now have or do you anticipate having any activities, commitments, or responsibilities that may prevent you from meeting your work attendance requirements? Yes ☐ No ☐							
If yes, please explain:							
Are you available for business travel (if applicable)? Yes ☐ No ☐							
Do you currently have any relatives working at this clinic? Yes ☐ No ☐							
If yes, list name(s)							

EDUCATION/SKILLS LIST HIGH SCHOOL, COLLEGE, TRADE SCHOOL, ETC. IN ORDER ATTENDED		
Name and Location	Major, skill, or trade	Degree/Diploma

List any seminars or special training classes you have taken which relate to the position you seek.

Seminar/Training/Workshop and Location	Dates (From-To)	Skills Acquired

Are you attending school now? Yes ☐ No ☐

Please check, where applicable, any of the following skills you have:

Insurance Billing ☐	Cashier ☐	Medicare/Medicaid ☐	Medical Terminology ☐	MS Office Suite ☐	EPIC ☐

Other computer skills or accreditations (list in the space provided)

Languages – Do you speak any languages in addition to English? Yes ☐ No ☐ If yes, please list:

PROFESSIONAL REGISTRATION/LICENSES			
Type of registration/license/certification	State	Number	Expiration Date

If you do not have a required license, have you applied for one? Yes ☐ No ☐

If an examination is required, what date are you scheduled to take the examination?

If you are applying for a position that requires driving a vehicle, do you have a current Oregon State driver's license? Yes ☐ No ☐

Are you eligible for lawful employment in the United States? Yes ☐ No ☐

As required by federal law, employment is contingent upon your ability to provide proof of US citizenship or legal eligibility to work in the United States. Documentation will be required upon hire.

EMPLOYMENT HISTORY		
Start with your present or most recent job and list ALL employment and work-related activities, including self-employment, military employment and periods of unemployment. ALL relevant employment history will be used to determine qualifications and salary. Do not indicate "See Resume." You may attach a resume if you desire, but resumes will not substitute for completing boxes below.		
Company Name – present or most recent employer	Reason for leaving	Telephone
Address/City/State		Supervisor's Name
Your Job Title		Dates employed (From/To)
Duties/Responsibilities		Full Time ☐ Part Time ☐ Average hours per week:
		Employed under what name?
Company Name	Reason for leaving	Telephone
Address/City/State		Supervisor's Name
Your Job Title		Dates employed (From/To)
Duties/Responsibilities		Full Time ☐ Part Time ☐ Average hours per week:
		Employed under what name?
Company Name	Reason for leaving	Telephone
Address/City/State		Supervisor's Name
Your Job Title		Dates employed (From/To)
Duties/Responsibilities		Full Time ☐ Part Time ☐ Average hours per week:
		Employed under what name?
Company Name	Reason for leaving	Telephone
Address/City/State		Supervisor's Name
Your Job Title		Dates employed (From/To)
Duties/Responsibilities		Full Time ☐ Part Time ☐ Average hours per week:
		Employed under what name?

How did you first learn about this opening? (Check appropriate boxes.)			
Job Line ☐	Friend (non-employee) ☐	Internet ☐ (specify where)	
Newspaper ☐ (specify)		School ☐ (name)	Agency ☐ (name)
Referred by ☐ (name)		Other ☐ (specify)	
Have you ever applied for employment with us? Yes ☐ No ☐ If yes, what month, year, position?			
Have you ever been employed by us before? Yes ☐ No ☐ If yes, when and what position?			

Please read carefully:

1. Nehalem Bay Health Center & Pharmacy is an equal opportunity employer providing equal employment opportunities to employees and applicants without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, and any other status protected by law.
2. Employment with Nehalem Bay Health Center & Pharmacy is a voluntary one and is subject to termination by you or Nehalem Bay Health Center & Pharmacy at will, with or without cause, and with or without notice, at any time. No part of this application shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of Nehalem Bay Health Center & Pharmacy employees.
3. I certify that I have read and understand the information in this application and that this information is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application will be considered sufficient cause for my immediate dismissal.

Date:	Signature of Applicant:

REFERENCE RELEASE AND BACKGROUND INFORMATION AUTHORIZATION

I hereby authorize the Nehalem Bay Health Center & Pharmacy to make inquiries of educational institutions attended and previous employers regarding my past school/employment record, including employment dates, salary, employment evaluations, and any other information necessary to assess my qualifications. In addition, I acknowledge that in accordance with the Child/Adult Abuse Information Act, an inquiry about my record of criminal convictions may be made through the Oregon State Patrol or other agencies as required upon hire and during employment. I also authorize Nehalem Bay Health Center & Pharmacy to check the list of excluded individuals and entities on the Office of Inspector General for any Medicare fraud prior to hiring. I release all parties connected with such requests from all claims, liabilities, and damages for whatever reason arising out of furnishing this information.

Date:	Signature of Applicant: