



PRECEPTORSHIP APPLICATION

Directions: Please complete this application form and email copies of your immunization records for Hepatitis B, COVID-19, BLS certificate, and resume to hr@halocares.org. Applicant will be notify at least 30 days prior to his/her start date regarding the health center's decision.

APPLICANT INFORMATION						
Last Name	First Name	Middle Initial	Date of Birth	Social Security No.		
Street Address		City	State	Zip Code		
Phone No.		Email Address				
Date You Can Start			Total Hours Needed:			
Please list your availabilities to work per day below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

1. Do you speak another language other than English?

Yes No

a. If yes, what language(s)?

2. What are of study (e.g., primary care, pediatric, women heath) are you looking to obtain preceptorship experience in?

3. How did you hear about this preceptorship opportunity?

4. Will you be needing any accommodations to perform your preceptorship duties?

SCHOOL INFORMATION	
Name:	Job Title:
School Name:	School Address:
Phone No.	Email Address:

EMERGENCY CONTACT	
Name:	Relationship to Applicant:
Phone No.	Email Address:

Name:	Relationship to Applicant:
Phone No.	Email Address:

DISCLAIMER AND SIGNATURE

I affirm that the information I have provided in this application is true to the best of my knowledge and I have not knowingly withheld any information. I understand that withholding or mis-stating any information requested on this application is grounds for rejection of application and grounds for discharge.

I authorize the company to verify, previous employment, education/training and other information provided on this application and resume/CV, unless noted otherwise. I also authorize the company to contact my supervisors, schools listed on this application and resume/CV with or without giving me prior notice. In addition, I release the company, my former employer, and all other persons or entities on this application from any and all claims demands or liabilities arising out of or in any way related to my employment application or disclosure.

Applicant's Signature: _____ Date: _____