

Application for Employment

San Benito Health Foundation Community Health Center (An Equal Opportunity Employer)

Please review the entire application before you begin. Legibility, accuracy, organization and completeness are important.

Last name
First name
Middle initial

Address: _____	City: _____	State: _____
Phone: (_____) _____	E-mail Address: _____	
Driver's License No.: _____	Class: _____	State: _____

Job applied for: _____ Today's date: _____

Are you seeking: Full-time Part-time Volunteer or Internship

How soon are you available for employment? _____

What shifts are you available to work? Day Night Rotating Saturday

What languages are you fluent in? (Circle appropriately)

Language: _____ Understand Speak Write Read

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Can you travel if the job requires it? YES NO

Are you prohibited from employment in Federally Funded Programs? YES NO

Are you legally authorized to work in the U.S.?
(Proof of legal authorization to work in the U.S. will be required upon employment) YES NO

Education or Training	Please indicate your education or training that is relevant to the job for which you are applying.		
College or University	Location	Dates of Enrollment	Degree Awarded

(Please provide copies of Degrees)

Professional License Number: _____

DEA: _____

NPI: _____

(Please provide copies)

Training Have you completed any training or classes relevant to the job for which you are applying?
(Examples: On-the-job safety training, military training, production training, etc.) Be specific.

Type of Training Completed: _____ Did you receive Certification: Yes No

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(Please provide copies of certifications)

Special Skills Do you have any special skills or experiences that are relevant to the job for which you are applying?
(Examples: On-the-job safety training, military training, production training, etc.) Be specific.

Criminal History Have you ever been convicted, pled guilty or no contest, or forfeited bond or collateral on a felony or misdemeanor? No Yes. If yes, please list all crimes and attach an explanation. (Do not include convictions for which the record has been sealed, expunged or eradicated. For job openings in California, do not include marijuana convictions identified in Cal Labor Code 432.8 that are more than two years old). A criminal history will not necessarily bar you from employment. We will consider the nature of the crime, nature of the job, length of time since the crime, and evidence of rehabilitation.

Date: _____ Charge: _____

Location: _____ Action Taken: _____

Work Experience Please list your work experience beginning with your most recent job held. If you were self-employed, give company name.			
Employer:	Name of last supervisor	Employment dates	Rate of pay
Address:		From	Start
City:		To	Final
Phone:	May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____		
Reason for leaving	Your last job title		
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.			

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Have you ever worked for this company before? Yes No If yes, when? _____

In what job position(s)? _____

References

Please list three references who can provide us with information about your qualifications to perform the job for which you are applying. **Please provide ONLY supervisor or job-related references.**

Name	Address	Relationship	Telephone	Occupation

May we contact your present employer? Yes No, because (Please state reason)

APPLICANT’S CERTIFICATION AND AGREEMENT

I hereby certify that all the information provided on this application (accompanying resume, if any) is true, complete, and correct to the best of my knowledge. I agree that any falsified statements, omissions, or any other form of misrepresentation in the application process may disqualify me from further consideration and may result in termination if discovered at a later time (regardless of the time lapsed before discovery).

I authorize a thorough investigation of my references, past work record, education, credit history (where applicable and permitted by law), criminal records, and other matters or activities in order to assess my suitability for employment. I agree to fully cooperate in such investigation, and release from all liability or responsibility all persons requesting, communicating, reviewing, or evaluating such information. I further authorize any physician or hospital to release any necessary information pertaining to any position that may be offered to me at this time, or at a later date.

Signature _____ Date: _____

This section is for Human Resources Department Only			
Date Established to List ____/____/____	Accepted _____ Screened Out _____	Not Accepted _____ <input type="checkbox"/> Experience <input type="checkbox"/> Education <input type="checkbox"/> Incomplete App <input type="checkbox"/> Late Filling <input type="checkbox"/> No Supplemental <input type="checkbox"/> Other: _____	Comments: