

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 () _____	Email Address: _____	

Job applied for: _____ Today's date: _____

Are you seeking: Full-time Part-time Temporary Internship or externship?

How soon are you available for employment? _____ Shift preference: _____

What languages are you fluent in? (Circle appropriately)

Language: _____ Understand Speak Write Read

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

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(Please provide copies of certifications)

Additional education or training information:

Special Skills

Do you have any special skills or experiences that are relevant to the job for which you are applying?
(For example: special studies or projects, research papers, etc.) Be specific.

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

In what job position(s): _____

Do you know or are related to any staff member of SBHF or the Board of Directors? Yes No

If yes, who? _____

Work Experience Please list your work experience beginning with your most recent job held. If you were self-employed, give company name.		
Name of employer:	Name of last supervisor	Employment dates
Address:		From: To
Phone:	Your last job title	
Reason for leaving		
List jobs you held, duties performed, skills used or learned advancements or promotions while you worked for this employer.		

Employer:	Name of last supervisor	Employment dates
Address:		From To
Phone:	Your last job title	
Reason for leaving		
List jobs you held, duties performed, skills used or learned advancements or promotions while you worked for this employer.		
Employer:	Name of last supervisor	Employment dates
Address:		From: To :
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Name of employer:	Name of last supervisor	Employment dates
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Reason for leaving		
List jobs you held, duties performed, skills used or learned advancements or promotions while you worked for this employer.		

Have you ever been barred from working in federally funded facilities? Yes No

References

Please list three references that 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)

Certification

- My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false, inaccurate, incomplete or misleading information will result in refusal of employment or termination of employment if discovered after date of hire.
- I understand that, should I receive an employment offer, such would be contingent on a number of factors, which may include a background check and a drug and alcohol exam.
- I release all entities and individuals who provide information in accordance with this release from all liability for any damages that may result from furnishing information to the company.
- I understand that if I am employed, I must conform to the company's rules, policies and procedures. I also understand that my employment is "at will," which means that the company or I may terminate my employment at any time for any reason.

Applicant's signature

Date