

CHC
Community Health Centers
EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER

PLEASE USE BLACK INK

Corporate Headquarters
150 Tejas Place
Nipomo, CA 93444
805/929-3211

Position Desired: _____
Date of Application: _____
Are you related to any employees or Board members of CHCCC? _____
If yes, Please give name and relationship: _____
How were you referred to CHCCC? _____

PERSONAL DATA	LAST	FIRST	MIDDLE INITIAL	Social Security #
NAME				
ADDRESS		Number and Street	City	State
				Zip Code
PHONE		Home ()	Work ()	If you live in this area, how long?
				Age, if under 18:
In case of emergency notify:		Address:		
Name:				
Phone: ()				
Have you ever been convicted of a felony or misdemeanor which resulted in imprisonment? A conviction will not necessarily disqualify you from employment.				If yes, explain:
Can you after employment, submit verification of your legal right to work in the United States?		Do you own an automobile?	Driver's License #	
		Do you have auto insurance?		
Are you able to perform job-related functions in the position applied for?				

U.S. ARMED FORCES RECORD	BRANCH:	Classification:	Rank at discharge:
---------------------------------	---------	-----------------	--------------------

EDUCATION RECORD	Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		
	Name and location:	Degree/Certificate	Major/Total Hours
High School			
College/Vocational School			
Other			

PROFESSIONAL/PERSONAL SKILLS			
Professional licences, certificates, memberships:			
What are your plans for the future?			
Skills			
Typing WPM:		Other:	
Languages	Speak	Read	Write
Spanish			
Other (Specify)	Speak	Read	Write

Please include any other details that should be considered-(eg. Honors, awards publication, extracurricular or civic activities. Please exclude any information or names that might indicate your race, religion, color, national origin, sex, age, marital status or handicaps.

EMPLOYMENT RECORD List present or most recent employer first: Indicate full or part time.				
Employer's Name No.1		Telephone Number:		
ADDRESS	Number and Street	City	State	Zip Code
Job Title:		Supervisor:		
Nature Of Duties	Employed			
	FROM(m/yr)		TO (m/yr)	
Reason for Leaving	Salary			
	Start:		End:	

Employer's Name No. 2				
		Telephone Number:		
ADDRESS	Number and Street	City	State	Zip Code
Job Title:		Supervisor:		
Nature Of Duties	Employed			
	FROM(m/yr)		TO (m/yr)	
Reason for Leaving	Salary			
	Start:		End:	

Employer's Name No. 3				
		Telephone Number:		
ADDRESS	Number and Street	City	State	Zip Code
Job Title:		Supervisor:		
Nature Of Duties	Employed			
	FROM(m/yr)		TO (m/yr)	
Reason for Leaving	Salary			
	Start:		End:	

PROFESSIONAL REFERENCES			
Name	Address	Phone	How does this person know you

Any misrepresentation in this application will be sufficient cause for its cancellation or dismissal. Your previous employers may be contacted for references. A physical examination by a physician will be required after an employment offer has been made. This is a screening test to determine your physical fitness to perform job assignments without undue hazard to yourself or fellow employees. The health care personnel who perform these physicals are acting for this purpose only, therefore these physicals should not be interpreted as either a complete physical or used as a substitute for such. I understand and agree that my employment may be terminated at CHCCC, at any time, with or without notice at the option of the company or myself. I also understand that the Company retains the right to demote, transfer, change my job duties, and change my compensation at any time with or without notice and with or without cause in its sole discretion. Employer and employee further agree that this at will employment policy cannot be amended, modified or altered in any way by oral or other statements, and can only be altered by written amendment signed by the CEO of CHCCC.

x _____
Signature certifying agreement to the conditions herein stated.