

# SIERRA FAMILY HEALTH CENTER

## Application for Employment

An Equal Opportunity Employer

PLEASE PRINT

Position(s) applied for \_\_\_\_\_

Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of Source (if applicable) \_\_\_\_\_

---

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_

May we contact you at work? .....  Yes  No

If yes, work number and best time to call .....(\_\_\_\_) \_\_\_\_\_

If you are under 18, can you furnish a work permit? .....  Yes  No

Have you filed an application here before? .....  Yes  No

If yes, give date ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, give dates..... From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country? .....  Yes  No  
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary

Are you on lay-off and subject to recall?.....  Yes  No

Will you travel if job requires it?.....  Yes  No

Will you work overtime if required? .....  Yes  No

Do you possess a valid California Driver's license? .....  Yes  No

## Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

1. Employer:	Dates Employed		Summarize the nature of the work performed and job responsibilities
	From	To	
Telephone:			
Address:			
Job Title:			
Immediate Supervisor and Title:			
Reason for Leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

2. Employer:	Dates Employed		Summarize the nature of the work performed and job responsibilities
	From	To	
Telephone:			
Address:			
Job Title:			
Immediate Supervisor and Title:			
Reason for Leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

3. Employer:	Dates Employed		Summarize the nature of the work performed and job responsibilities
	From	To	
Telephone:			
Address:			
Job Title:			
Immediate Supervisor and Title:			
Reason for Leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

4. Employer:	Dates Employed		Summarize the nature of the work performed and job responsibilities
	From	To	
Telephone:			
Address:			
Job Title:			
Immediate Supervisor and Title:			
Reason for Leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

**Skills and Qualifications** – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

---



---

**Educational Background (if job related)**

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

**References**

List name and telephone number of three business/work references that are not related to you. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known	Relationship (Ex: co-worker, supervisor, etc.)

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, or awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is understood and agreed upon that any misrepresentation or failure to disclose by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that, if hired, I am an employee at will, and that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## IDENTIFICATION OF PROTECTED GROUPS CONFIDENTIAL INFORMATION

For research purposes and to assess the effectiveness of Sierra Family Health Center's Affirmative Action Plan, we request that you provide the information listed below. The information will be kept strictly confidential and kept separate from all hiring documents. Completing this form is strictly voluntary and will have no effect upon your employment. The statistics gathered from this form help us assess our outreach and recruitment efforts.

**Position Applied For:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**How did you learn of this vacancy?** \_\_\_\_\_

**Please check as appropriate:**

Male

Female

Vietnam Era Veteran

Disabled Veteran

**Race Ethnicity (please check only one)**

<b>Hispanic or Latino</b> - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.		<b>Black or African American (not Hispanic or Latino)</b> - A person having origins in any of the Black racial groups of Africa.	
<b>American Indian or Alaskan Native (not Hispanic or Latino)</b> – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.		<b>Asian (not Hispanic or Latino)</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	
<b>White (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.		<b>Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)</b> – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<b>Two or more races (not Hispanic or Latino)</b> – All persons who identify with more than one of the above races.		<b>I decline to answer this form</b>	

If you have any questions concerning the above information, please contact Human Resources at (218) 624-6586.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)