

Community Health Center (CHC) Application for Employment

www.communityhealthcenter.org

99 Central Avenue
Ashland, Or 97520

19 Myrtle Street
Medford, Or 97504

8385 Division Road
White City, Or 97503

Applicants: Resume Accepted, but Applications must be completely filled out to be considered for position.

Date Applied:	Date Available:
Salary Expectations:	
Position Applied For:	Location:

Why are you interested in this position? _____

What skills and training qualifies you for this position? _____

List any language skills you may have:

What portions of your work experience qualifies you for this job? _____

How did you find out about this employment opportunity?			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> CHC Website	<input type="checkbox"/> Telephone Inquiry	<input type="checkbox"/> CHC Employee – who _____
<input type="checkbox"/> Community	<input type="checkbox"/> Employment Department	<input type="checkbox"/> Other _____	

PERSONAL

Last Name:	First:	Middle:
Address (number and street)		
City	State:	Zip:
Phone (Home)	Phone (Other)	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked at Community Health Center? <input type="checkbox"/> Yes <input type="checkbox"/> No Site: _____ Dates: _____		
Do you have any relatives currently employed with Community Health Center? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you know anyone employed at Community Health Center? If yes, indicate Name: _____		
Do you desire to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other: _____		

EDUCATIONAL BACKGROUND

School	Name and Location	Dates	Graduated	Diploma/Degree and Course of Study
High School		From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Technical Vocational)		From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST ANY CURRENT LICENSES, MEMBERSHIPS, AFFILIATIONS, REGISTRATIONS OR CERTIFICATION WHICH YOU POSSESS:			
Type	License Number	State(s)	Expiration Date

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills:

EMPLOYMENT HISTORY

Name of Company:	Dates of Employment: mo/yr From: To:
Address:	Salary/Wage: \$
City: State: Zip	Reason For Leaving:
Position:	Full-time _____ Part-time _____
Immediate Supervisor:	Duties/responsibilities (be specific):
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number:	
Name When Employed:	

Name of Company:	Dates of Employment: mo/yr From: To:
Address:	Salary/Wage: \$
City: State: Zip	Reason For Leaving:
Position:	Full-time _____ Part-time _____
Immediate Supervisor:	Duties/responsibilities (be specific):
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number:	
Name When Employed:	

Name of Company:	Dates of Employment: mo/yr From: To:
Address:	Salary/Wage: \$
City: State: Zip	Reason For Leaving:
Position:	Full-time _____ Part-time _____
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Name of Company:	Dates of Employment: mo/yr From: To:
Address:	Salary/Wage: \$
City: State: Zip	Reason For Leaving:
Position:	Full-time _____ Part-time _____
Immediate Supervisor:	Duties/responsibilities (be specific):
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number:	
Name When Employed:	

Name of Company:	Dates of Employment: mo/yr From: To:
Address:	Salary/Wage: \$
City: State: Zip	Reason For Leaving:
Position:	Full-time _____ Part-time _____
Immediate Supervisor:	Duties/responsibilities (be specific):
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number:	
Name When Employed:	

Please Attach Additional Pages if Needed to Record Your Most Recent 10 Years of Employment

Please Read The Following Carefully Before Initialing and Signing This Application:

Employment opportunity is based on qualifications and merit, without regard to race, color, age, gender, sexual preference, marital status, religion, national origin or military status or disability. (_____ **initial here**)

For the purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed. (_____ **initial here**)

Continued employment is contingent on compliance with Community Health Center's (CHC) policies on providing an alcohol and drug-free workplace, including drug and alcohol testing. (_____ **initial here**)

I hereby authorize and request you to release information to Community Health Center to which I have applied for employment. In consideration of your providing such information, I release CHC and all previous employers and supervisors from liability for any damages that may result from furnishing information to CHC. (_____ **initial here**)

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if I am offered a position or employed, falsified statements on this application shall be considered cause for revocation of the offer or dismissal. I also realize that this information will be verified by CHC. I authorize my former employer(s) to cooperate with CHC and to release on a confidential basis any information they may have concerning me. If employed, I agree to abide by all of the organization's rules. (_____ **initial here**)

I understand that, if employed, employment will be 'at will' and shall be terminable by the employer or myself at any time with or without cause. This application does not constitute an offer of employment nor does it constitute an employment contract. This application is valid for 90 days from the date submitted. (_____ **initial here**)

Signature

Date

Print Name

Date