



APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Date of Application: _____

Instructions:

1. A resume may be attached, but **cannot replace any information requested on this application.**
2. Print clearly or type.
3. **Provide complete information (phone numbers, addresses, dates, etc.).**
4. **Sign and date the last page of this application.**

Name:

Last First Middle

Address:

Street City State Zip

Telephone:

_____ Ext. _____ Ext. _____

Area Code and Number Area Code and Number

Are you legally permitted to work in the United States? Yes No

(Employment is contingent on providing proof of citizenship or work authorization.)

Are you under 18 year of age? Yes No (Proof of age may be required after job offer.)

If yes, state age: _____

Have you ever been convicted of any law violation? Yes No

(Include deferred sentences and any pleas of "guilty" or "no contest." Exclude minor traffic violations.)

If yes, describe conditions: _____

(Conviction will not necessarily disqualify any applicant for employment. Attach separate page if necessary.)

Position Applied For: _____

Type of Position Requested? (Check One) Full-Time Part-Time Pool/PRN Temporary

Are there any hours, shifts or days you cannot or will not work? _____

Wage or Salary Desired: _____ **Date Available to Start Work:** _____

How did you learn of this opening? _____

Have you been employed here previously? Yes No

If yes, state position and dates of employment: _____

Do you have any relatives working here? Yes No

If yes, state name of relatives and their position: _____

EMPLOYMENT HISTORY

May we contact your present employer? Yes No N/A

May we contact your previous employers? Yes No N/A

List employers starting with current or most recent. Account for all periods of time including self-employment, military service, part-time jobs and any periods of unemployment. If self-employed, give firm name and supply business references. **Relevant job experience is considered for salary determination.**

Note: A job offer may be contingent upon acceptable references from current and former employers.

| | | | |
|----------------------------------------|-------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. Most Recent/Present Employer | | Address/City/State/Zip | Area Code and Telephone Ext. |
| Job Title(s) | | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> | Temp <input type="checkbox"/> PRN (on-call as needed) <input type="checkbox"/> |
| Employed From: (MMM-YYYY) | To: (MMM-YYYY) | Last Hourly Rate/Salary: \$ per | |
| Name and Title of Supervisor: | | | |
| Description of Duties | | Reason for Leaving | |
| 2. Previous Employer | | Address/City/State/Zip | Area Code and Telephone Ext. |
| Job Title(s) | | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> | Temp <input type="checkbox"/> PRN (on-call as needed) <input type="checkbox"/> |
| Employed From: (MMM-YYYY) | To: (MMM-YYYY) | Last Hourly Rate/Salary: \$ per | |
| Name and Title of Supervisor: | | | |
| Description of Duties | | Reason for Leaving | |
| 3. Previous Employer | | Address/City/State/Zip | Area Code and Telephone Ext. |
| Job Title(s) | | Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> | Temp <input type="checkbox"/> PRN (on-call as needed) <input type="checkbox"/> |
| Employed From: (MMM-YYYY) | To: (MMM-YYYY) | Last Hourly Rate/Salary: \$ per | |
| Name and Title of Supervisor: | | | |
| Description of Duties | | Reason for Leaving | |

EMPLOYMENT HISTORY (Continued)

| | | | |
|-------------------------------|-------------------|------------------------------------|--------------------------------------------------|
| 4. Previous Employer | | Address/City/State/Zip | Area Code and Telephone |
| | | | Ext. |
| Job Title(s) | | Full-Time <input type="checkbox"/> | Temp <input type="checkbox"/> |
| | | Part-Time <input type="checkbox"/> | PRN (on-call as needed) <input type="checkbox"/> |
| Employed From: (MMM-YYYY) | To: (MMM-YYYY) | Last Hourly Rate/Salary: \$ per | |
| Name and Title of Supervisor: | | | |
| Description of Duties | | Reason for Leaving | |
| | | | |
| 5. Previous Employer | | Address/City/State/Zip | Area Code and Telephone |
| | | | Ext. |
| Job Title(s) | | Full-Time <input type="checkbox"/> | Temp <input type="checkbox"/> |
| | | Part-Time <input type="checkbox"/> | PRN (on-call as needed) <input type="checkbox"/> |
| Employed From: (MMM-YYYY) | To: (MMM-YYYY) | Last Hourly Rate/Salary: \$ per | |
| Name and Title of Supervisor: | | | |
| Description of Duties | | Reason for Leaving | |
| | | | |
| 6. Previous Employer | | Address/City/State/Zip | Area Code and Telephone |
| | | | Ext. |
| Job Title(s) | | Full-Time <input type="checkbox"/> | Temp <input type="checkbox"/> |
| | | Part-Time <input type="checkbox"/> | PRN (on-call as needed) <input type="checkbox"/> |
| Employed From: (MMM-YYYY) | To: (MMM-YYYY) | Last Hourly Rate/Salary: \$ per | |
| Name and Title of Supervisor: | | | |
| Description of Duties | | Reason for Leaving | |
| | | | |

EDUCATION

| Name of Institution | Address/ City/State/Zip Area Code/Telephone Number | Dates Attended (MMM-YYYY) | Diploma, Degree, Certificate Received, or Area of Study |
|----------------------------------------|----------------------------------------------------------|------------------------------|---------------------------------------------------------------|
| High School | | - | |
| College/University or Trade/Vocational | | - | |
| College/University or Trade/Vocational | | - | |
| Other | | - | |

LICENSES/CERTIFICATIONS

List Licenses and certifications which you currently hold. Please provide copies with this application.

| Name of License/Certification | License/Certification Number | Expiration Date (MM/DD/YYYY) | Issuing State or Agency |
|-------------------------------|------------------------------|---------------------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DRIVERS INFORMATION – (for jobs requiring frequent operation of motor vehicle)

Do you have a valid driver's license? Yes No

Driver's License Number: _____ Class of License: _____ Licensing State: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

MILITARY

Please provide a copy of your DD-214 form.

Branch of Service: _____ Rank: _____

Period of Duty: _____ Date of Discharge: _____

Description of duties and training: _____

SKILLS/QUALIFICATIONS

Are you bilingual? Yes No If yes, what languages? _____

List additional skills or qualifications acquired through training or experience (computer skills, typing speed, office machines, etc.)

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on my application, in my interview(s), or in the process of my pre-employment evaluation may result in the rejection of my application or termination, if I am hired. I authorize Pueblo Community Health Center to make an investigation of any of the facts set forth in this application and release Pueblo Community Health Center from any liability.

I understand that if employed, I will be required to abide by all Pueblo Community Health Center policies, standards, and regulations. I understand that this application, verbal statements by Management or subsequent employment does not represent an offer of, or contract for, employment. I understand that employment at Pueblo Community Health Center is "at-will," which means that either I or Pueblo Community Health Center can terminate the employment relationship at any time or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Applicant's Signature _____ Date _____



Pueblo
Community
Health Center

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

Driver's License Number: _____

Class of License: _____

Licensing State: _____

Social Security Number: _____

Response to the questions in this section is for identification purposes

Date of Birth: _____ Race: _____ Sex: Male Female

Former Name(s) you were *also known as* and the time frame(s) if applicable (e.g. maiden name, previous married name, etc.)

Name: _____ Dates: (MMM-YYYY) _____ - _____

Name: _____ Dates: (MMM-YYYY) _____ - _____

Name: _____ Dates: (MMM-YYYY) _____ - _____

Current Address:

Street City County State Zip Date: from -to

Previous Address:

Street City County State Zip from -to

Previous Address:

Street City County State Zip from -to

Previous Address:

Street City County State Zip from -to

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Name: _____
Last First Middle

Applicant's Signature _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

As an applicant for employment or a current employee of **Pueblo Community Health Center**, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, **Pueblo Community Health Center** may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as **Pueblo Community Health Center**.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I _____, hereby voluntarily authorize **Pueblo**
Print

Community Health Center to obtain either a consumer report or an investigative consumer report about me from a consumer-reporting agency and to consider this information when making decisions regarding my employment at **Pueblo Community Health Center**. I understand that I have rights under the Fair Credit Reporting act, including the rights discussed above.

Signature

Date

PUEBLO COMMUNITY HEALTH CENTER

VOLUNTARY DISCLOSURE

IMPORTANT NOTICE. PLEASE READ BEFORE COMPLETING THIS FORM.

1. The information requested is intended for use solely in connection with the remedial action obligations of the employer's voluntary or affirmative action efforts or may be used in certain federal reporting.
2. The information is being requested solely on a voluntary basis. You are not required to complete this form.
3. The information will be kept confidential.
4. Refusal to provide the data will not subject the applicant or employee to any adverse treatment and will not affect the application for employment.
5. The information will be used only in accordance with applicable law.

Applicants are considered for current open positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition or disability.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out this Voluntary Disclosure. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in Confidential File separate from the Application for Employment.

PLEASE PRINT

Name _____ Date _____

Position(s) Applied For _____



AFFIRMATIVE ACTION SURVEY

Government Agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female Age: _____

Check one of the following:

Race/Ethnic Group:
 White Black/African American Hispanic Asian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander Two or more races

Check one if any of the following are applicable:

Disabled (Note 1) Vietnam Era Veteran (Note 2) Disabled Veteran (Note 3)



Note 1 – Disabled – “Disabled individual” means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

Note 2 – Vietnam Era Veteran – “Vietnam Era Veteran” means a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with; other than dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Note 3 – Disabled Veteran – “Disabled Veteran” means a person entitled to disability compensation under laws administered by the VA for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.