

# 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)*

<b>Training</b>	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:

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**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.

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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? \_\_\_\_\_

<b>Work Experience</b> 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
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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.		
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.		

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)

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## 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.

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Applicant's signature

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Date