

AMISTAD COMMUNITY HEALTH CENTER

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for		Referred By	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT										
Company				Phone		()				
Address				Supervisor						
Job Title			Starting Salary		\$		Ending Salary		\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company				Phone		()				
Address				Supervisor						
Job Title			Starting Salary		\$		Ending Salary		\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company				Phone		()				
Address				Supervisor						
Job Title			Starting Salary		\$		Ending Salary		\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company				Phone		()				
Address				Supervisor						
Job Title			Starting Salary		\$		Ending Salary		\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
MILITARY SERVICE										
Branch				From				To		
Rank at Discharge				Type of Discharge						
If other than honorable, explain										
DISCLAIMER AND AUTHORIZATION										
I certify that my answers are true and complete to the best of my knowledge.										
I hereby authorize Amistad Community Health Center and its designated agents and representatives to conduct a comprehensive review of my background to include, but is not limited to the following areas: verification of social security number, residences, employment history, education background, character references, drug screening, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, and public records.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature						Date				
FOR HR USE ONLY:										
Forward Application To:			Date:			Comments:				