



# Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

## INSTRUCTIONS

Please use a typewriter or print in ink. This application must be complete in full. All statements will be subject to verification. A separate application must be completed for each position applied for and the exact title as listed on the job announcement.

## IDENTIFICATION INFORMATION

Today's Date: \_\_\_\_\_ Title of Position: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Last) (First) (Middle)

Other names employed under if different than above \_\_\_\_\_ Dates \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

Mailing Address (if Different than above): \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Business/Msg. Phone ( \_\_\_\_\_ ) \_\_\_\_\_ ext. \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Do you have immediate family members employed by the clinic?  NO  Yes If yes who: \_\_\_\_\_

Have you ever been convicted of any law violation?  NO  YES If yes, list all convictions on a separate sheet of paper. Include any plea of guilty or no contest. Exclude minor traffic violations. Conviction is not necessarily disqualifying.

Have you ever been employed with us before?  NO  YES If yes, title \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Your availability to work (Check all that apply):

Full Time  Part-time  Temporary  On-Call  Limited Term  Saturday

Can you travel if the job requires it?  YES  NO

Are you prevented from lawfully becoming employed in this country  YES  NO

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Statues? (Proof of citizenship or immigration status will be required upon employment)  YES  NO

What languages are you fluent in? (Circle appropriately)

Language: _____	Understand	Speak	Write	Read
Language: _____	Understand	Speak	Write	Read
Language: _____	Understand	Speak	Write	Read

Are you requesting veteran's preference?  NO  YES If yes, you must attach a copy of your DD214 prior to the final filing date.

## EDUCATION

Please check if you possess one of the following:

High School Diploma/GED Certificate ( )   AA/AS ( )   BA/BS ( )   MA/MS ( )   Doctorate ( )

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate Work: \_\_\_\_\_ years

Name and address of High School, College, University, Vocational School or Institute, Post Graduate.	Major or Course of Study	Type of Degree	Years Completed	Units Completed (Sem./Quarter)

Special Skills and Qualifications. Summarize special job related skills and/or certifications acquired from previous employment or continuing education:

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## REFERENCES

*Give name, positions, address, and telephone number of two references that are previous employers and supervisors and one reference who is a previous co-worker.*

Name: _____	Job Title: _____	Relationship: _____
Address: _____		
Home Phone #: _____	Work Phone: _____	Fax #: _____

Name: _____	Job Title: _____	Relationship: _____
Address: _____		
Home Phone #: _____	Work Phone: _____	Fax #: _____

Name: _____	Job Title: _____	Relationship: _____
Address: _____		
Home Phone #: _____	Work Phone: _____	Fax #: _____

**EMPLOYMENT HISTORY**

*List your most recent employment first. Provide all experience, paid or voluntary, related to the position. Use different blocks for different positions with same employer. Additional sheets may be attached when necessary.*

<b>DATES EMPLOYED</b> From: _____ To: _____  Total months: _____  Hours per week: _____  Salary: _____  May we contact this employer?	<b>Name of Employer:</b>
	<b>Address:</b>
	<b>Job Title:</b>
	<b>Duties &amp; Responsibilities:</b>
	<b>Supervisor's Name/Title:</b> <span style="float: right;"><b>Phone: ( )</b></span>
	<b>Reason for Leaving:</b>

<b>DATES EMPLOYED</b> From: _____ To: _____  Total months: _____  Hours per week: _____  Salary: _____  May we contact this employer?	<b>Name of Employer:</b>
	<b>Address:</b>
	<b>Job Title:</b>
	<b>Duties &amp; Responsibilities:</b>
	<b>Supervisor's Name/Title:</b> <span style="float: right;"><b>Phone: ( )</b></span>
	<b>Reason for Leaving:</b>

<b>DATES EMPLOYED</b> From: _____ To: _____  Total months: _____  Hours per week: _____  Salary: _____  May we contact this employer?	<b>Name of Employer:</b>
	<b>Address:</b>
	<b>Job Title:</b>
	<b>Duties &amp; Responsibilities:</b>
	<b>Supervisor's Name/Title:</b> <span style="float: right;"><b>Phone: ( )</b></span>
	<b>Reason for Leaving:</b>

## APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that all the information provided on this application and/or accompanying resume, is true, complete, and correct to the best of my knowledge. I agree that any falsified statements, omissions, or any other form of misrepresentation in the application process may disqualify me from further consideration and may result in termination if discovered at a later time (regardless of the time lapsed before discovery). I acknowledge that Salud Para La Gente is a California *At-Will* employer.

I authorize a thorough investigation of my references, past work record, education, credit history, criminal records, and other matters or activities in order to assess my suitability for employment. I agree to fully cooperate in such investigation, and release from all liability or responsibility all persons requesting, communicating, reviewing, or evaluating such information. I further authorize any physician or hospital to release any necessary information pertaining to any position that may be offered to me at this time, or at a later date.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>This section is for Human Resources Department Only</b>			
Date Established to List  ____/____/____	Accepted _____  Screened Out _____	Not Accepted _____ <input type="checkbox"/> Experience <input type="checkbox"/> Education <input type="checkbox"/> Incomplete App <input type="checkbox"/> Late Filing <input type="checkbox"/> No Supplemental <input type="checkbox"/> Other: _____	Comments:

## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_  
**Last Name**
**First Name**
**Middle Name**

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\_\_\_\_\_ **Current Address: Street, City, Zip Code** \_\_\_\_\_ **Dates lived there**

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\_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Other names used (including maiden name)**

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\_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Driver License #** \_\_\_\_\_ **State**

Do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp** Records, Inc to obtain, whether the said records are public or private, and including those which may deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp** Records, Inc for identification purposes and for the release information, which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp** Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\* I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to InterlliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_ **Date**

- CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Repot, Please check the box. This report may include character and reputation information obtained through personal interviews.