



**EMPLOYMENT APPLICATION**  
AN EQUAL OPPORTUNITY EMPLOYER

**PLEASE PRINT**

**TODAY'S DATE:** \_\_\_\_\_

|                               |                   |                       |
|-------------------------------|-------------------|-----------------------|
| Last Name: _____              | First Name: _____ | Middle Initial: _____ |
| Social Security Number: _____ | DOB _____         |                       |

|  |                       |      |       |     |
|--|-----------------------|------|-------|-----|
| Business Telephone: _____                            | Home Telephone: _____ |      |       |     |
| Present Address: _____                               |                       |      |       |     |
| No.  | Street                | City | State | Zip |
| Permanent Address if Different From Present Address: |                       |      |       |     |
| _____  |                       |      |       |     |
| No.  | Street                | City | State | Zip |
| Emergency Contact Name: _____                        |                       |      |       |     |
| Emergency Contact Information: _____                 |                       |      |       |     |

**EMPLOYMENT DESIRED:**

|  |
|--|
| Position Applying For: _____                       |
| Wages Expected: \$ _____ / hour or \$ _____ / year |

**PERSONAL INFORMATION:**

|  |                               |                              |
|--|-------------------------------|------------------------------|
| Are you at least 18 years old?   | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| If no, can you submit a work permit if hired?  | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes:  No:

If no, describe the functions that cannot be performed: \_\_\_\_\_

(NOTE: WE COMPLY WITH THE AMERICANS WITH DISABILITIES ACT AND CALIFORNIA'S FAIR EMPLOYMENT AND HOUSING ACT. WE CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND TO SKILL AND AGILITY TESTS.)

**EDUCATION, TRAINING AND EXPERIENCE:**

| School                      | Name and Address | No. Of Years Completed | Did You Graduate?   | Degree or Diploma   |
|-----------------------------|------------------|------------------------|---|---------------------|
| High School                 |                  |                        | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                     |
| University/ College         |                  |                        | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                     |
| Vocational/ Trade/ Business |                  |                        | Yes: <input type="checkbox"/><br>No: <input type="checkbox"/> |                     |
|                             |                  |                        | <b>Dates</b>  | <b>Type of Work</b> |
| Apprenticeship              |                  |                        |   |                     |

**EMPLOYMENT HISTORY:**

Please list below all of your present and past work experience for the last 10 years, starting with your most recent employer. Please account for all periods of unemployment. If you need additional space, please attach a separate page. You must complete this section even if attaching a resume.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
 No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes:  No:

|   |        |                               |       |  |
|---|--------|-------------------------------|-------|--|
| Name of Employer _____                        |        |                               |       |  |
| Address: _____                                |        |                               |       |  |
| No.   | Street | City                          | State | Zip  |
| Type of Business: _____                       |        |                               |       |  |
| Telephone No.: _____                          |        | Your Supervisor's Name: _____ |       |  |
| Your Position and Duties: _____               |        |                               |       |  |
| Date of Employment: From: _____ To: _____     |        |                               |       |  |
| Reason for Leaving: _____                     |        |                               |       |  |
| May we contact this employer for a reference? |        |                               |       | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Name of Employer _____                        |        |                               |       |  |
| Address: _____                                |        |                               |       |  |
| No.   | Street | City                          | State | Zip  |
| Type of Business: _____                       |        |                               |       |  |
| Telephone No.: _____                          |        | Your Supervisor's Name: _____ |       |  |
| Your Position and Duties: _____               |        |                               |       |  |
| Date of Employment: From: _____ To: _____     |        |                               |       |  |
| Reason for Leaving: _____                     |        |                               |       |  |
| May we contact this employer for a reference? |        |                               |       | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me to the questions and statements on this application are true and correct. I hereby authorize Parktree Community Health Center (PCHC) to verify all information on this application. I also authorize my former employers and educational institutions to give PCHC any information they may have regarding me. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview is intended to create an employment contract between me and the PCHC. I understand that if employed, and in consideration of my employment, I agree to conform to the rules and regulations of the PCHC. I also understand if I am applying for a position covered by a union contract, then the union contract will govern my employment, to the extent applicable. If I am not applying for a position covered by a union contract, then every aspect of my employment with the PCHC shall be on an at-will basis, meaning that I or PCHC may terminate my employment at any time, for any reason, with or without cause. I further understand that the PCHC expressly reserves its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline.

\_\_\_\_\_ I further understand and agree that no one other than the CEO of PCHC may modify or change the at-will nature of my employment relationship (if applicable). Any such modifications must be in writing and signed by the CEO of PCHC and me to be effective.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_