

EMPLOYMENT APPLICATION: DISCLOSURES and CONSENTS

Please initial each section and sign:

Date:

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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. Initials:
Should I be offered employment by PCHC, I hereby authorize PCHC to obtain consumer reports, or investigative consumer reports, in connection with my employment application in accordance with applicable law. I understand that consumer reports may include record checks conducted by consumer reporting agencies and may include driving records, criminal records, etc. Investigative consumer reports include investigations conducted by consumer reporting agencies through personal interviews (or through any means in California) on information as to character, general reputation, personal characteristics, or mode of living. I understand that I may make a written request for a disclosure of the nature and scope of any investigative consumer report. Investigative reports include record checks and also may contain information culled from interviews with former employers, business references, and/or personal references. I further understand that I can make a written request for a summary of my consumer rights under the "Summary of Your Rights under the Fair Credit Reporting Act". Initials:
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 further understand, if hired, that 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. Initials: Applicant Name:
Applicant Name: Applicant Signature: