



CHIRICAHUA

COMMUNITY HEALTH CENTERS, INC.

HEALTH FOR ALL

www.cchci.org

APPLICATION FOR EMPLOYMENT

(Please Print Legibly)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital status or veteran status, the presence of a non-job-related medical condition or disability, Vietnam Era veteran, or any other legally protected status.

Date: _____

Name: _____
(Last) (First) (Middle)

Preferred Name: _____
(Last) (First)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Message Phone: _____

Email Address: _____

Position Applying For: _____ Date Available: _____

Rate of Pay Desired: \$ _____

Are you 18 Years of age or older? Yes No

Are you legally eligible to work in the United States? Yes No
(Proof of eligibility will be required upon offer of employment.)

Have you ever been convicted of a crime? Yes No
(A conviction will not be an absolute bar to employment)

If you answered yes, please provide the following information:

When _____

Where _____

Final Disposition of Case _____

Are you currently employed? Yes No May we contact your present employer? Yes No

How did you hear about CCHCI? Facebook Friend Internet Newspaper Radio Other _____



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Were you referred for this position by a current CCHCI employee? Yes No

If yes, Name of CCHCI Employee: _____

Have you ever been employed by this company before? Yes No

If "yes" please indicate dates of employment and position(s) held.

From: _____ To: _____ Position: _____

List any relatives currently employed by the Company: _____

EDUCATIONAL RECORD

SCHOOL	NAME & ADDRESS	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED OR DEGREE(S) OR DIPLOMA(S)
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TECHNICAL / OTHER (Specify)				

Describe any other specialized training, apprenticeships, skills, or any additional information you feel may be helpful to us in considering your application.



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If applying for a position in Maintenance, Environmental Services or that requires driving in any capacity, please provide:

License # _____ State: _____ Expiration Date: _____

Commercial Driver's License Yes No

REFERENCES

Please list the name, address, and telephone number of three <i>professional references</i> .		
Name & Occupation	Relationship	Phone Number and Email
1.		
2.		
3.		



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EMPLOYMENT HISTORY SECTION

In the areas below, please list your past work experience, beginning with your most recent employment, for at least the past 10 years. Military experience and volunteer work may also be included as employment. **NOTE:** In order to be considered for employment, you must fill in the information below, accurately, and completely. If you need additional space, attach extra copies of this page:

Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Duties: _____ _____ _____ Reason for Leaving: _____	From: _____ / _____ / _____ Month Day Year To: _____ / _____ / _____ Month Day Year Pay: \$ _____ Supervisor Name: _____ _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Duties: _____ _____ _____ Reason for Leaving: _____	From: _____ / _____ / _____ Month Day Year To: _____ / _____ / _____ Month Day Year Pay: \$ _____ Supervisor Name: _____ _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Duties: _____ _____ _____ Reason for Leaving: _____	From: _____ / _____ / _____ Month Day Year To: _____ / _____ / _____ Month Day Year Pay: \$ _____ Supervisor Name: _____ _____



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PLEASE READ CAREFULLY AND SIGN BELOW

I certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the company that such employment with the company is at will, for no specified duration, and may be terminated by either the company or myself at any time, with or without cause or notice? I also understand that while personnel policies, programs, and procedures may of necessity change from time to time, such at-will status is not subject to change absent a written agreement signed by the company's president or a designated authorized representative. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize the company and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me.

I hereby authorize all schools, former employers, reference, courts, and any others who have information about me to provide such information to the company and/or any of its representatives, agents or vendors and release all parties involved from any and all liability for any and all damage that may result from providing such information.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Please Print Name