



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) applying for: _____ Date of Application: _____

How did you learn about us?

Advertisement Friend Employment Agency Relative Walk-In Other: _____

Last Name		First Name		Middle Name	
Address		City		State	Zip
Telephone number(s)			E-mail address		

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

Have you ever filed an application with us before? No Yes, *give date:* _____

Have you ever been employed with us before? No Yes, *give date:* _____

Are you currently employed? No Yes

May we contact your present employer? No Yes

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? No Yes

Can you travel if a job requires it? No Yes

Have you ever been convicted of a felony? No Yes

Note: Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any foreign languages you speak, read and/or write; assess your fluency.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, computer skills, and extra-curricular activities:

EMPLOYMENT EXPERIENCE

1. EMPLOYER:			WORK PERFORMED:
DATES EMPLOYED:	From:	To:	
HOURLY WAGE/SALARY:	Starting:	Ending:	
ADDRESS:			
PHONE NUMBERS:			
JOB TITLE:			
SUPERVISOR:			
REASON FOR LEAVING:			
2. EMPLOYER:			
DATES EMPLOYED:	From:	To:	
HOURLY WAGE/SALARY:	Starting:	Ending:	
ADDRESS:			
PHONE NUMBERS:			
JOB TITLE:			
SUPERVISOR:			
REASON FOR LEAVING:			
3. EMPLOYER:			
DATES EMPLOYED:	From:	To:	
HOURLY WAGE/SALARY:	Starting:	Ending:	
ADDRESS:			
PHONE NUMBERS:			
JOB TITLE:			
SUPERVISOR:			
REASON FOR LEAVING:			

If you need additional space, please attach on a separate sheet of paper.

OTHER QUALIFICATIONS

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.	
Summarize special job-related skills such as computer programs you know and qualifications acquired from employment or other experience:	
State any additional information you feel may be helpful to us in considering your application.	

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? If a job description is not accompanying this application please ask for one. Yes No

PROFESSIONAL REFERENCES

1. Name: _____ Phone #: () _____

Address: _____

Title: _____
2. Name: _____ Phone #: () _____

Address: _____

Title: _____
3. Name: _____ Phone #: () _____

Address: _____

Title: _____

APPLICANT'S STATEMENT

Mendocino Community Health Clinic, Inc., strives to comply fully with all applicable federal and state laws, including laws which prohibit the filing of false or fraudulent claims with the government. This commitment is an integral part of the organization's mission and all employees and contractors are expected to support the organization in this commitment. Employees and contractors will be evaluated in part on their contribution to ensuring that the organization meets this commitment.

I certify that I am not now and have never been excluded from participating in Medicaid, Medicare or other state or federal health care programs, and that I am not debarred from participating in federally funded contracts.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date