



125 Water St. Ste A2
 Santa Cruz, CA 95060
 www.schealthcentrs.org

SANTA CRUZ COMMUNITY HEALTH CENTERS (SCCHC) IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion (including religious dress and accommodation), age, mental or physical disability, veteran status, medical condition, genetic information, marital or registered domestic partner status, sexual orientation, pregnancy, or pregnancy related conditions, or any other characteristic protected by federal, state or local law. W/M/V/D

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. **Name:** _____
 First Middle Last

2. **Address:** _____
 Street City State Zip

3. **Telephone Number:** () - _____ 4. **Email Address** _____

5. **Are you at least 18 years old?** Yes No *If employed & under the age of 18, can you furnish a work permit?* Yes No

6. **Can you provide proof of a legal right to work in the United States?** Yes No

7. **Have you applied to SCCHC for employment in the past?** Yes No
 If yes, when? _____ Position applied for: _____

8. **Do you have any relatives currently employed by SCCHC?** Yes No
 If yes, who? _____ What relation to you? _____

9. **Have you ever used another name that we would need to verify your employment experience and education?**
 Yes No If yes, indicate such name and the date the name changed:

10. **Do you understand that some positions, due to the nature of the job functions, will require a post-offer, pre-employment background investigation which may include but is not limited to criminal and credit history?**
 Yes No

11. **Are you currently employed?** Yes No *if yes, may we contact your current employer?* Yes No

POSITION

- Which position(s) are you applying for? _____
- Salary/wage desired: _____ Per _____
- I am available to work:

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call
<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends	<input type="checkbox"/> Overtime	<input type="checkbox"/> Split Shift
<input type="checkbox"/> Other: _____			
- When are you available to start working? _____
- How did you hear about the position you are applying for?

<input type="checkbox"/> SCCHC Website	<input type="checkbox"/> Craig's List	<input type="checkbox"/> Current Employee
Other: _____		
- If the position you are applying for requires the use of a vehicle, do you have a valid driver's license? Yes No
- Have you been given a Job Description, or have the requirements of the job been explained to you? Yes No
Do you understand these requirements? Yes No
- Can you perform the essential functions of the job with or without reasonable accommodation? Yes No
- Can you meet the attendance standard of our Organization, which requires all employees to report for work on time for all scheduled days or shifts? Yes No

SPECIAL SKILLS AND TRAINING

- Describe specialized training, apprenticeships, skills or research:

- List current certifications and/or professional licenses, if any, and where registered:

- Office/Computer equipment and software qualified or trained to use:

- Check/list special skills or training:

<input type="checkbox"/> Medical <input type="checkbox"/> Front Office <input type="checkbox"/> Customer Service <input type="checkbox"/> Patient Services <input type="checkbox"/> Accounting/Billing	<p style="text-align: center;">Please list Software Programs (i.e., Word, Excel, etc.):</p> <p>PC: _____</p> <p>MAC: _____</p>
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- Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or most recent job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL– RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number		Supervisor's Name, Title and Telephone Number			
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?		Other:			

2.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number		Supervisor's Name, Title and Telephone Number			
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?		Other:			

3.	Employer		Dates Employed		Key Responsibilities
			From	To	
	Address				
			<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number		Supervisor's Name, Title and Telephone Number			
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?		Other:			

4.	Employer	Dates Employed From _____ to _____	Address	Job Title
5.	Employer	Dates Employed From _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title
7.	Employer	Dates Employed from _____ to _____	Address	Job Title

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	Area of Study	Years completed
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Organization/Trade/Night School	From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

EMPLOYMENT REFERENCES

Name	Organization Relationship	Organization/Address	Telephone

CERTIFICATION

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

_____ I hereby certify that I have personally completed this application and that the answers given by me to the
Typed foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application. If discovered after my employment, such false statement will be sufficient reason for dismissal from the services of SCCHC, regardless of the time that has elapsed before discovery.

_____ I authorize SCCHC, or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to SCCHC from all liability or responsibility with respect to information supplied to SCCHC.
Signed

_____ I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, personal characteristics and general reputation; where the job requires a credit check, a separate authorization will be provided. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.
Typed

_____ I understand that filing this application in no way assures me a position with SCCHC, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either SCCHC or myself. I further understand that no one other than the Hiring Authority or other Principal of SCCHC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.
Signed

_____ If employed by SCCHC, I agree to abide by the rules, policies and procedures of SCCHC and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that SCCHC believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of SCCHC during the time of my employment.
Signed

Applicant Signature/Date