

Application For Employment



Pacific Clinics
ADVANCING BEHAVIORAL HEALTHCARE

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

(PLEASE PRINT)

Last Name	First Name	Middle Name
Address	City	State Zip Code
Telephone Number(s)	Email address	
Position Applied For	Position Requisition Number	Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement _____ (Publication)	<input type="checkbox"/> Employment Agency _____	<input type="checkbox"/> Walk In
<input type="checkbox"/> Friend/Relative _____ (Name)	<input type="checkbox"/> Training Program _____	<input type="checkbox"/> Other
	<input type="checkbox"/> School _____	

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

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

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

Do you have any relatives employed by Pacific Clinics? Name Relationship
 Yes No

Are you currently employed? Yes No

May we contact you present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary
If applying for Part-time, number of hours per week: _____

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

Criminal History *(An affirmative answer will not necessarily result in disqualification for employment)*

Have you ever been convicted of a crime? Yes No
If yes, please explain: _____

Note: You do not need to identify convictions that have been sealed, expunged, dismissed, or otherwise eradicated by statute or court order, any conviction for a marijuana offense if the conviction is more than two years old, or any information pertaining to any offense which did not result in conviction as a result of referral to and participation in any pre-trial or post-trial diversion program

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION					
Type of School	Name and Address of School	No. of Years Completed	Major or Type of Coursework	Diploma/Degree	Did You Graduate?
High School					
Business/Technical					
College/University					
Graduate/Professional					
Other (Seminars, Adult Education, Correspondence Courses)					

LANGUAGE ABILITY							
English	Speak	Read	Write	Other	Speak	Read	Write

COMPUTER SKILLS				
Check off those computer skills with which you are proficient (any version).				
<input type="checkbox"/> PC User	<input type="checkbox"/> Macintosh User	<input type="checkbox"/> Windows	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Access
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Publisher	<input type="checkbox"/> Outlook/Email	<input type="checkbox"/> Webpage Design	<input type="checkbox"/> Internet
<input type="checkbox"/> Other, Please list _____				

DRIVER'S LICENSE	
Do you have a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's license number _____	State of Issue _____ Expiration date _____
Have you had any accidents during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No How Many? _____
Have you had any moving violations during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No How Many? _____

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:

REFERENCES			
Give name, address and telephone number of three references who are not related to you and are not previous employers.			
	NAME	ADDRESS	TELEPHONE
1.			
2.			
3.			

Have you ever had a job-related training in the United States military? Yes No

If Yes, please describe: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability or other protected status.

1. EMPLOYER	From:	To:	Work Performed
Address	Wage Start: \$ /Hr	Wage Final: \$ /Hr	
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			
2. EMPLOYER	From:	To:	Work Performed
Address	Wage Start: \$ /Hr	Wage Final: \$ /Hr	
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			
3. EMPLOYER	From:	To:	Work Performed
Address	Wage Start: \$ /Hr	Wage Final: \$ /Hr	
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			
4. EMPLOYER	From:	To:	Work Performed
Address	Wage Start: \$ /Hr	Wage Final: \$ /Hr	
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			

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

SPECIALIZED SKILLS AND/OR QUALIFICATIONS

Describe any specialized training, apprenticeship, skills and extra-curricular activities.	
Describe any special job-related skills and qualifications acquired from employment or other experience.	
Describe any honors you received.	
State any additional information you feel may be helpful to us in considering your application.	

Applicant's Statement

I hereby certify that the information on this application is correct and complete to the best of my knowledge. I understand that falsification or omission of any material information on this application or in the interviewing process or in my resume, or failure to pass the physical examination, if I receive a job offer, may be considered sufficient cause of immediate termination.

I understand that 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 agree to have any of the statements herein, as well as my background investigated by Pacific Clinics or its agents. I understand that the background investigation may include, but is not limited to, reviewing my criminal history, education, employment history, credit history, professional license, and public records and personal references. Pacific Clinics reserves the right to perform drug screening. In consideration for reviewing my application and other related information, I hereby waive and release Pacific Clinics, its employees and agents, and all other entities and persons, and their respective employees and agents from any claims that I might have, including defamation and invasion of privacy, arising out of any verbal or written inquiries and/or any verbal or written responses related to investigation of my background as well as the use of disclosure of such information.

I understand that all disputes arising out of my employment with Pacific Clinics will be resolved by binding arbitration, and that, if hired, I will be presented with an Arbitration Agreement.

I agree that if employed, I will abide by all policies and procedures established by the employer. 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, that the employer may terminate my employment 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 the President/CEO of Pacific Clinics. This constitutes my entire agreement with the company with regard to the matters set forth in this paragraph.

Applicant Signature

Date