

# Application For Employment



We consider applicants for all positions 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
Telephone Number(s)			Email address		
Position Applied For		Position Requisition Number		Date of Application	
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Other	
<input type="checkbox"/> Friend/Relative		<input type="checkbox"/> (Publication)		<input type="checkbox"/> Training Program	
		<input type="checkbox"/> School		<input type="checkbox"/> Walk-in	
		(Name)			

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?

Yes  No

Name \_\_\_\_\_

Relationship \_\_\_\_\_

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					
	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 (Languages other than English)							
Other Language	Speak	Read	Write	Other Language	Speak	Read	Write

**COMPUTER SKILLS**

Check off those computer skills with which you are proficient (any version).

- PC User       Macintosh User       Windows       Microsoft Word       Microsoft Access  
 Microsoft Excel       Microsoft Publisher       Outlook/Email       Webpage Design       Internet  
 Other, Please list \_\_\_\_\_

**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.	

**Answer the following questions, if you are applying for a professional or technical position.**

- Are you licensed/registered/certified? .....  Yes  No  
 Type of license/registration/certificate: \_\_\_\_\_ Number of license/certificate: \_\_\_\_\_  
 Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Yes  No  
 Has your license/registration/certificate ever been revoked or suspended? .....  Yes  No  
 If yes, state reason(s), date of revocation or suspension, and date of reinstatement. \_\_\_\_\_

**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:


Have you ever had a job-related training in the United States military? .....  Yes  No  
 If Yes, please describe: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Have you worked in the non-profit health or social service field within the last three years? .....  Yes  No  
 If yes, please identify the employers below.

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.

<b>1. EMPLOYER:</b>		From:	To:	Work Performed
Address:	Wage Start: \$ /Hr	Wage Final: \$ /Hr		
Telephone Number(s):	Non-profit health or social service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor:	
Job Title:				
Reason for Leaving:				
<b>2. EMPLOYER:</b>		From:	To:	Work Performed
Address:	Wage Start: \$ /Hr	Wage Final: \$ /Hr		
Telephone Number(s):	Non-profit health or social service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor:	
Job Title:				
Reason for Leaving:				
<b>3. EMPLOYER:</b>		From:	To:	Work Performed
Address:	Wage Start: \$ /Hr	Wage Final: \$ /Hr		
Telephone Number(s):	Non-profit health or social service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor:	
Job Title:				
Reason for Leaving:				
<b>4. EMPLOYER:</b>		From:	To:	Work Performed
Address:	Wage Start: \$ /Hr	Wage Final: \$ /Hr		
Telephone Number(s):	Non-profit health or social service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor:	
Job Title:				
Reason for Leaving:				
<b>5. EMPLOYER:</b>		From:	To:	Work Performed
Address:	Wage Start: \$ /Hr	Wage Final: \$ /Hr		
Telephone Number(s):	Non-profit health or social service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor:	
Job Title:				
Reason for Leaving:				

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

**DRIVER'S LICENSE**

Do you have a driver's license?.....  Yes  No      Expiration date \_\_\_\_\_  
Driver's license number \_\_\_\_\_ State of Issue \_\_\_\_\_  
Have you had any accidents during the past three years?.....  Yes  No      How Many? \_\_\_\_\_  
Have you had any moving violations during the past three years?.....  Yes  No      How Many? \_\_\_\_\_

**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.			

**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 \_\_\_\_\_