Employment Application

Human Resources Department
515 W. Court St.
Pasco, WA 99301

Phone: (866) 547-2204 **Fax: (509) 547-6670**

Community Health Center

La Clinica

The mission of Community Health Center La Clinica is to provide high quality, effective and affordable health care and other associated services in a compassionate and culturally sensitive manner to all people without prejudice to race, color, creed, gender or economic status.

CHC LA CLINICA IS AN EQUAL OPPORTUNITY EMPLOYER

Please notify the Human Resources Department if you need any accommodation or other assistance in the application and/or hiring process.

PERSONAL INFORMATION (Please Print)

Last Name	First Name & Middle Name	
Present Address (Street, State and Zip Code)		Telephone
Permanent Address (Street, State and Zip Code)		Telephone
During the last seven (7) years, have you been convicted of any criminal offense involving violent behavior, dishonesty, or breach of trust? YES ☐ NO ☐ **PLEASE NOTE:** A conviction will not necessarily bar you from employment.	If yes, please provide the following information: Nature of Conviction(s): _____ _____ _____ Date(s) of Conviction(s): _____	
Have you ever applied to CHC La Clinica before? YES ☐ NO ☐	Date(s):	Position(s):
Have you ever worked for CHC La Clinica before? YES ☐ NO ☐	Dates:	Supervisor:

EMPLOYMENT DESIRED*

Position/Job:		Date You Are Available:	
Desired Schedule:	☐ Full Time	☐ Part-Time	☐ On-Call
	☐ Days	☐ Evenings	☐ Weekends

*Please note that, if employed, CHC La Clinica may change your schedule from time to time, consistent with business need.

How did you learn about this position?	☐ Other Website: _____
☐ Newspaper Ad (Newspaper: _____)	☐ Referral By: _____
☐ CHC La Clinica Website	☐ Other: _____

EDUCATIONAL BACKGROUND

	HIGH SCHOOL	COLLEGE(S)	TRADE SCHOOL(S)
Name and Location of School			
Dates Attended			
Did You Graduate?			
Major Areas of Study			
Type of Degree Obtained (if any)			
Date of Degree			

LANGUAGE SKILLS

In what languages are you proficient? For each: Speaking? Reading? Writing?

U.S. MILITARY SERVICE

Branch of Service	Dates of Duty	Rank at Separation
Briefly Describe Your Duties:		

WORK HISTORY

LIST THE MOST RECENT EMPLOYER FIRST. Include at least five (5) years of work history, and explain any periods of unemployment of more than 30 days. Attach additional sheets if necessary.

Employer	Street Address	City, State, Zip Code
Dates (start and end dates)	Name and Title of Immediate Supervisor	Phone Number of Immediate Supervisor
Salary/Hourly Rate Starting	Salary/Hourly Rate Ending	Reason for Leaving
Position Held and Description of Duties:	May we contact if present employer? Yes ☐ No ☐	

Employer	Street Address	City, State, Zip Code
Dates (start and end dates)	Name and Title of Immediate Supervisor	Phone Number of Immediate Supervisor
Salary/Hourly Rate Starting	Salary/Hourly Rate Ending	Reason for Leaving
Position Held and Description of Duties:		

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Salary/Hourly Rate Starting	Salary/Hourly Rate Ending	Reason for Leaving
Position Held and Description of Duties:		

Did you work for any of the above employers under a different name? If so, please indicate employer and your previous name(s).

OCCUPATIONAL SKILLS / EXPERIENCE

List any additional experience, skills, or training applicable to the position for which you are applying.

PROFESSIONAL LICENSE / REGISTRATION / CERTIFICATION

TYPE OF LICENSE, REGISTRATION, OR CERTIFICATION	NUMBER / STATE	EXPIRATION DATE

If you do not have a required license, registration, or certification, have you applied for one?	YES ☐	NO ☐
If an examination is required, what date are you scheduled to take the examination?	YES ☐	NO ☐
If not licensed in Washington State, have you applied for reciprocity?	YES ☐	NO ☐

REFERENCES

Please provide the following information for up to three professional references and two personal references (persons not related to you).

NAME	ADDRESS	TELEPHONE NUMBER	NATURE OF RELATIONSHIP

READ CAREFULLY BEFORE SIGNING - "AT-WILL" EMPLOYMENT / OTHER IMPORTANT INFORMATION

I certify that the information I have provided in this Employment Application is true and complete, to the best of my knowledge. I understand that any misrepresentation and/or omission on this Employment Application may result in denial of my application, or if identified after beginning employment, immediate termination of my employment.

I understand that, if employed, my employment with CHC La Clinica is "at will," which means that either CHC La Clinica or I may terminate the employment relationship at any time, with or without notice, and with or without cause or reason, and that this "at will" status can be modified only by a written agreement that specifically changes that status and that is signed by CHC La Clinica's Executive Director and by me.

I authorize my current and former employers, schools, references (both professional and personal), and other individuals or organizations to provide any information solicited by CHC La Clinica in connection with my application for employment. I hereby release those persons and entities, and CHC La Clinica, from any and all liability that may result from providing and/or soliciting such information.

I understand that if selected for employment with CHC La Clinica, prior to employment, I must provide the required documentation confirming my eligibility for employment in the United States and that I must submit to a background check and drug screening.

Applicant's Signature Date