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|  | | **Sixteenth Street Community Health Centers****Employment Application** | | | | | | | | |
|  | | | | | | | | | |
| **Personal Information** | | | | | | | | | |
| Name: (Last, First, MI): Click or tap here to enter text. | | | | | | | | | |
|
| Street Address: Click or tap here to enter text. | | | | | | | | | |
|
| City, State, Zip: Click or tap here to enter text. | | | | | | | | | |
|
| Previous address if less than 5 years: Click or tap here to enter text. | | | | | | | | | |
| Home Phone Number:  Click or tap here to enter text. | | | | Mobile/Other Phone Number:  Click or tap here to enter text. | | | | | |
|
| Social Security Number: Click or tap here to enter text. | | | | Driver’s License Number/State/Expiration:  Click or tap here to enter text.  *(if job involves any driving)* | | | | | |
| Have you ever been employed here before?  If yes, what dates? Click or tap here to enter text. | | | | | | | Yes | | No |
| Do you have any relatives employed here?  If yes, please provide their names and relationship to you: Click or tap here to enter text. | | | | | | | Yes | | No |
| If you are under 18 years of age, can you provide proof of your eligibility to work? | | | | | | | Yes | | No |
| Are you legally eligible for employment in this country? | | | | | | | Yes | | No |
| Have you ever been convicted of a crime in the last seven (7) years?  CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING. | | | | | | | Yes | | No |
| If Yes, please explain: Click or tap here to enter text. | | | | | | | | | |
| **Employment Desired** | | | | | | | | | |
| Position(s) applied for: Click or tap here to enter text. | | | | | | | | | |
| How did you hear about this position? Click or tap here to enter text. | | | | | | | | | |
| Date available for work: Click or tap to enter a date. | | Desired hours (full time, part time, etc.):  Click or tap here to enter text. | | | | Desired Salary:  Click or tap here to enter text. | | | |
| **Education** | | | | | | | | | |
|  | Name and Address of School | | Course of  Study | | Total Years of Study | | | Degree/  Diploma | |
| High  School | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Undergraduate College | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Graduate/  Professional | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Other (Specify) | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| List any seminars, classes or other education not listed above which may help qualify you for this position: Click or tap here to enter text. | | | | | | | | | |

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| Employment History | | | | | | | | | | |
| Provide the following information for your past four (4) employers, internships, assignments or volunteer activities, starting with the **most recent**. You must complete this section even if attaching a resume. | | | | | | | | | | |
| **1.** | **Employer:** (current  Yes  No) Click or tap here to enter text. | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | Phone Number: Click or tap here to enter text. | | | |
| Job Title: Click or tap here to enter text. | | | Start Date:Click or tap to enter a date. | | | | End Date: Click or tap to enter a date. | | |
| Immediate Supervisor and Title: Click or tap here to enter text. | | | Starting Salary:  $\_     \_\_ per \_     \_ | | | | Ending Salary:  $ \_\_     \_\_ per \_     \_ | | |
| Summarize the nature of work performed and job responsibilities: Click or tap here to enter text. | | | | | | | | | |
| Reason(s) for leaving: Click or tap here to enter text. | | | | | | | | | |
| **2.** | **Employer:** Click or tap here to enter text. | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | Phone Number: Click or tap here to enter text. | | | |
| Job Title: Click or tap here to enter text. | | | Start Date: Click or tap here to enter text. | | | | End Date: Click or tap here to enter text. | | |
|  | Immediate Supervisor and Title:  Click or tap here to enter text. | | | Starting Salary: $\_     \_ per \_     \_ | | | | Ending Salary: $ \_     \_ per \_     \_ | | |
|  | Summarize the nature of work performed and job responsibilities:  Click or tap here to enter text. | | | | | | | | | |
|  | Reason(s) for leaving: Click or tap here to enter text. | | | | | | | | | |
| **3.** | **Employer:** Click or tap here to enter text. | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | Phone Number: Click or tap here to enter text. | | | |
| Job Title: Click or tap here to enter text. | | | Start Date: Click or tap to enter a date. | | | | End Date: Click or tap to enter a date. | | |
| Immediate Supervisor and Title: Click or tap here to enter text. | | | Starting Salary:  $\_     \_ per \_     \_\_ | | | | Ending Salary:  $ \_     \_ per \_     \_ | | |
| Summarize the nature of work performed and job responsibilities: Click or tap here to enter text. | | | | | | | | | |
| Reason(s) for leaving: Click or tap here to enter text. | | | | | | | | | |
| **4.** | **Employer:** Click or tap here to enter text. | | | | | | | | | |
| Address: Click or tap here to enter text. | | | | | | Phone Number: Click or tap here to enter text. | | | |
|  | Job Title: Click or tap here to enter text. | | | Start Date: Click or tap to enter a date. | | | | End Date: Click or tap to enter a date. | | |
|  | Immediate Supervisor and Title: Click or tap here to enter text. | | | Starting Salary: $\_     \_ per \_     \_ | | | | Ending Salary: $ \_     \_ per \_     \_ | | |
|  | Summarize the nature of work performed and job responsibilities: Click or tap here to enter text. | | | | | | | | | |
|  | Reason(s) for leaving: Click or tap here to enter text. | | | | | | | | | |
| Skills and Qualifications | | | | | | | | | | |
| Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. | | | Click or tap here to enter text. | | | | | | | |
| List any languages other than English that you can speak, read or write that could be of benefit to the position applied for: | | | | | | | | | | |
|  | | Fluent | | | | Good | | | Fair | |
| Speak | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Read | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| Write | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| **References** | | | | | | | | | | |
| Name | | | | | Phone Number | | | | | Years Known |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | Click or tap here to enter text. |

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer’s service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in the application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that Sixteenth Street Community Health Center is an “at will” employer, meaning that my employment has no specified term and the employment relationship may be terminated at any time at the will of either party on notice to the other.

I understand it is this company’s policy to not refuse to hire a qualified individual with a disability because of that person’s need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

You agree your electronic signature is the legal equivalent of your manual/handwritten signature.

Signature of Applicant: Click or tap here to enter text. Date: Click or tap to enter a date.