



VISTA COMMUNITY CLINIC

APPLICATION FOR EMPLOYMENT

ALL APPLICATIONS MUST BE PRINTED IN INK OR TYPED

DATE: _____

PERSONAL

NAME (LAST, FIRST, MIDDLE) MAIDEN NAME – PLEASE PROVIDE ANY OTHER NAMES UNDER WHICH YOU HAVE WORKED

ADDRESS (NUMBER AND STREET)

CITY, STATE ZIP

| | |
|--|---|
| POSITION(S) DESIRED | SALARY/WAGE DESIRED |
| DATE AVAILABLE TO START | BEST TIME TO CONTACT YOU |
| TELEPHONE NUMBER/E-MAIL (IF FROM OUT OF TOWN, PLEASE LIST LOCAL NUMBER WHERE YOU CAN BE REACHED) | SHIFT AVAILABILITY DAY EVENING NIGHT WEEKENDS |
| HOW DID YOU HEAR ABOUT THIS POSITION? VCC EMPLOYEE _____ (INDICATE NAME OF EMPLOYEE) VCC WEB SITE VCC JOB-LINE INTERNET _____ WALK-IN NCT UT OTHER TEMPORARY EMPLOYEE VOLUNTEER/INTERN | DESIRED STATUS: FULL-TIME PART-TIME ___# HRS/WEEK VOLUNTEER INTERN |

LICENSES AND PROFESSIONAL DATA (if applicable)

| LICENSE | REGISTRATION | CERTIFICATION |
|--|---|---|
| Currently Licensed Eligible for License Type: _____ State: _____ Expiration Date: _____ Number: _____ | Currently Licensed Eligible for License Type: _____ State: _____ Expiration Date: _____ Number: _____ | Currently Licensed Eligible for License Type: _____ State: _____ Expiration Date: _____ Number: _____ |
| Currently Licensed Eligible for License Type: _____ State: _____ Expiration Date: _____ Number: _____ | Currently Licensed Eligible for License Type: _____ State: _____ Expiration Date: _____ Number: _____ | Currently Licensed Eligible for License Type: _____ State: _____ Expiration Date: _____ Number: _____ |
| HAVE YOU EVER HAD A PROFESSIONAL CERTIFICATION OR LICENSE SANCTIONED, SUSPENDED, REVOKED, VOLUNTARILY SURRENDERED OR PLACED ON PROBATION: NO YES IF YES, EXPLAIN: | | |
| HAVE YOU EVER HAD A SUMMONS, HEARING OR COURT APPEARANCE RELATED TO YOUR PROFESSION: NO YES IF YES, EXPLAIN: | | |

| | | |
|---|-----|----|
| ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMMODATION? IF NOT, DESCRIBE ANY FUNCTION THAT CANNOT BE PERFORMED. REQUEST JOB DESCRIPTION. | YES | NO |
| DO YOU HAVE ANY CRIMINAL CONVICTIONS OR ANY PENDING CRIMINAL CHARGES IN ANY STATE? IF YES, EXPLAIN. | YES | NO |
| HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR? (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS AND MARIJUANA OVER 2 YEARS AGO) IF YES, EXPLAIN. | YES | NO |
| DO YOU CURRENTLY OR HAVE YOU EVER WORKED AT THIS CLINIC OR ANY OTHER VCC CLINIC? IF YES, UNDER WHAT NAME AND WHEN. | YES | NO |
| DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED AT THIS CLINIC? IF YES, INDICATE NAME, RELATIONSHIP, DEPARTMENT. | YES | NO |
| ARE YOU AT LEAST 18 YEARS OF AGE? (IF UNDER 18, EMPLOYMENT IS SUBJECT TO VERIFICATION THAT YOU ARE OF MINIMUM LEGAL AGE) | YES | NO |
| IF YOU ARE OFFERED EMPLOYMENT, CAN YOU PROVIDE PROOF OF EMPLOYMENT ELIGIBILITY UPON HIRE? | YES | NO |

EDUCATIONAL BACKGROUND

| | | | |
|---|-------------------|---|-------------------|
| HIGH SCHOOL (NAME AND LOCATION) | | UNDERGRADUATE/GRADUATE/PROFESSIONAL/MEDICAL EDUCATION (NAME AND LOCATION) | |
| | | | |
| DATES ATTENDED FROM: _____ TO: _____ | | DATES ATTENDED FROM: _____ TO: _____ | |
| GRADUATED YES NO | DIPLOMA OR DEGREE | GRADUATED YES NO | DIPLOMA OR DEGREE |

MILITARY BACKGROUND

| | |
|--|--------|
| HAVE YOU EVER SERVED IN THE ARMED FORCES YES NO | BRANCH |
| DATES OF SERVICE (YOU WILL NEED TO PROVIDE A COPY OF YOUR DD214) | RANK |

OTHER EXPERIENCE OR TRAINING

PLEASE LIST ANY LANGUAGES YOU ARE ABLE TO FLUENTLY SPEAK, READ AND/OR WRITE:

| | | | | | | | |
|--|-------|------|-------|--|-------|------|-------|
| | SPEAK | READ | WRITE | | SPEAK | READ | WRITE |
| | SPEAK | READ | WRITE | | SPEAK | READ | WRITE |

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS OR SKILLS WHICH MAKE YOU SUITABLE FOR THE POSITION YOU ARE APPLYING FOR?

EMPLOYMENT HISTORY

ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, PLEASE COMPLETE THE FOLLOWING OR BEGIN WITH MOST RECENT EMPLOYMENT

| | |
|----------------------------------|--|
| NAME OF FIRM | BRIEFLY DESCRIBE YOUR DUTIES |
| ADDRESS (INCLUDE CITY AND STATE) | |
| TELEPHONE | |
| YOUR POSITION | |
| IMMEDIATE SUPERVISOR | FULL TIME OR PART TIME? FULL-TIME PART-TIME ____ # HRS/WEEK |
| DATE OF EMPLOYMENT: MONTH/YEAR | CURRENT SALARY |
| REASON FOR SEEKING CHANGE | MAY WE CONTACT YOUR EMPLOYER? YES NO |

NOT INCLUDING YOUR PRESENT EMPLOYER, DESCRIBE PREVIOUS POSITIONS BEGINNING WITH THE MOST RECENT. INCLUDE ANY VOLUNTEER POSITIONS.

| | |
|---|--|
| NAME WHEN EMPLOYED | BRIEFLY DESCRIBE YOUR DUTIES |
| NAME OF FIRM | |
| ADDRESS (INCLUDE CITY AND STATE) | |
| TELEPHONE | |
| YOUR POSITION | |
| IMMEDIATE SUPERVISOR | |
| DATES OF EMPLOYMENT: FROM (MONTH/YEAR TO (MONTH/YEAR) | FULL TIME OR PART TIME? FULL-TIME PART-TIME ____ # HRS/WEEK |
| REASON FOR LEAVING | STARTING AND ENDING SALARY |

NOT INCLUDING YOUR PRESENT EMPLOYER, DESCRIBE PREVIOUS POSITIONS BEGINNING WITH THE MOST RECENT. INCLUDE ANY VOLUNTEER POSITIONS.

| | |
|---|--|
| NAME WHEN EMPLOYED | BRIEFLY DESCRIBE YOUR DUTIES |
| NAME OF FIRM | |
| ADDRESS (INCLUDE CITY AND STATE) | |
| TELEPHONE | |
| YOUR POSITION | |
| IMMEDIATE SUPERVISOR | |
| DATES OF EMPLOYMENT: FROM (MONTH/YEAR TO (MONTH/YEAR) | FULL TIME OR PART TIME? FULL-TIME PART-TIME ____ # HRS/WEEK |
| REASON FOR LEAVING | STARTING AND ENDING SALARY |
| REASON FOR LEAVING | STARTING AND ENDING SALARY |

REFERENCES

LIST AT LEAST THREE (3) PROFESSIONAL REFERENCES WHO ARE NOT RELATIVES:

| NAME and RELATIONSHIP | TITLE | COMPANY NAME AND ADDRESS | TELEPHONE |
|-----------------------|-------|--------------------------|-----------|
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PREEMPLOYMENT STATEMENT AND ACKNOWLEDGEMENT

I understand and agree that:

1. The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from the clinic's employ.
2. Any offer of employment I may receive from the clinic is contingent upon my successful completion of the total preemployment screening process, including the receipt of satisfactory references, and my satisfactory completion of any post-offer preemployment medical examination that the clinic may require. I also agree, if employed, to submit to a medical examination at any time at the clinic's request. I hereby consent to having the results of any post offer preemployment or post employment medical exams I may be required to take disclosed to the clinic.
3. I authorize and request that all of my present and former employers and those individuals I have listed as business references furnish information about my employment-record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information.
4. I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the clinic. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the clinic.
5. I hereby authorize this clinic to investigate my employment and personal history, including an inquiry concerning information on my criminal, credit and driving history, if appropriate. I understand that the clinic will consider material contained in my criminal history records and other records solely for the purpose of determining my suitability for the position(s) for which I have applied. I do not authorize release of this information for any purpose beyond this employment decision. I am aware that if I am denied employment based on a report by a consumer reporting agency, the clinic will furnish the name and address of such agency upon my written request.
6. I hereby authorize this clinic to verify with the appropriate educational institution and/or professional licensing agency the educational history which I have provided here-in or in a resume or other document including the date(s) attended; course(s) taken; and degrees, certifications or licenses received or issued and their current status.
7. VCC reserves the right to reassign all employees to work at any location operated by the Clinic.
8. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the clinic and understand that my employment and compensation can be terminated with our without cause or notice at any time, at the option of either the company or myself. I further understand that no manager or representative of this clinic other than the Executive Director of Vista Community Clinic has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.
9. I hereby authorize the clinic to deduct from my final paycheck all costs directly associated with my employment physical and tests, if I voluntarily terminate my employment within 90 days from my date of hire.

Signature

Date

Vista Community Clinic

Demographic Information Survey

To comply with federal equal employment opportunity recordkeeping and reporting requirements, Vista Community Clinic is required to survey its workforce for certain demographic information. Accordingly, we ask that you provide the following information. Self-identification of your race/ethnicity is voluntary. If you choose not to self-identify, you must check the box indicating that you have reviewed the form and elected not to identify your race/ethnicity. Declining to self-identify, will not subject you to any adverse treatment, nor will self-identifying result in favorable treatment. The information will be used only in accordance with the provisions of applicable laws, regulations and executive orders, including those that require information to be summarized and reported to the government.

In completing the Race and Ethnicity portion of the form, first indicate if you identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify as Hispanic or Latino, then check the appropriate box to identify the race/ethnicity with which you do identify. If you identify with two or more races, please check the “two or more races” box, and also list the single race/ethnic group with which you most closely identify.

| | | | |
|-------------------------------|---|------------------|--|
| First and Middle Names | | Last Name | |
| Location | N/A | Signature | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date | |
| Race and Ethnicity | <p>A. <input type="checkbox"/> Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p>OR</p> <p>B. Not Hispanic or Latino:</p> <p><input type="checkbox"/> White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Island.</p> <p><input type="checkbox"/> Asian (Not Hispanic or Latino) – A person having origins in any or the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five racial/ethnic groups. <i>If you check here, please list the single racial/ethnic group above with which you most closely identify:</i></p> <p>_____</p> | | |
| | <input type="checkbox"/> If you choose not to self-identify your race or ethnicity, please check here. | | |