



APPLICATION FOR EMPLOYMENT

Foothill Community Health Center fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke-free workplace.

Position(s) Applied for			
Print Name (Last, First, & Middle)		Date of Application	
Street Address		City	State
Main Phone Number	Alternate Phone Number	Email	

GENERAL INFORMATION

1. Have you ever used another name?..... Yes No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?..... Yes No
 - a. If yes to either of the above, please explain: _____
3. How did you learn of our Company? _____
4. Have you ever applied or worked for this company before?..... Yes No
 - a. If yes, please give dates and position: _____
5. Do you have friends and/or relatives working for this company?..... Yes No
 - a. If yes, name(s) and relationship(s): _____
6. On what date are you available to begin work? _____
7. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

8. Are you available to work? Full-time Part-time On Call Temporary
9. Are there any days, shifts or hours you will not work? *..... Yes No
If yes, please explain: _____

*Note: It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.

10. Will you work overtime, if required? Yes No
11. If hired, would you have a reliable means of transportation to and from work?..... Yes No
12. Are you available for out of town work?..... Yes No
13. Can you relocate if the position requires it?..... Yes No
14. Are you at least 18 years old? Yes No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

15. Are you legally authorized to work in the United States? Yes No
16. Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)?
 Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

17. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references.

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Main Phone Number	
Dates Employed (Month/Year)		Job Title	
From	To		
Job Title Duties		Reason for Leaving	

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Main Phone Number	
Dates Employed (Month/Year)		Job Title	
From	To		

Job Title Duties	Reason for Leaving

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Main Phone Number	
Dates Employed (Month/Year)		Job Title	
From	To		
Job Title Duties		Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain

Please explain any gaps in your employment history:

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

BUSINESS AND PROFESSIONAL REFERENCESPlease list three professional references of individuals who are **not** related to you.

Name and Title	Relationship	Phone Number and/or Email

DRIVING RECORD (Answer only if driving is a requirement of the job for which you are applying)Do you have a valid driver's license? Yes No State: _____ License No: _____Have you had any tickets? Yes No

If yes, please explain: _____

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to any criminal record inquiries made following this application, resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice, regardless of when the misrepresentation or omission is discovered.

I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations identified on this application for information bearing upon my qualifications for employment to the extent permitted by law.

I further authorize the employers, schools and personal references identified on this application to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, to the extent permitted by law.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY AND BY ME OR MY AUTHORIZED REPRESENTATIVE.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required checks and tests. I agree to sign any additional forms necessary for pre-employment checks and/or tests to be conducted.

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.

Signature: _____ Date: _____

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