



**DARIN M. CAMARENA  
HEALTH CENTERS,  
INC.**

Family/Walk-in/Peds  
Care  
344 E. 6th Street  
Madera, CA 93638

Women's Care  
201 S. B Street  
Madera, CA 93638

Chowchilla Site  
401 Trinity Ave.  
Chowchilla, CA  
93610

(559) 664-4000 Main Line  
(559) 675-5224 Fax  
(559) 664-4160 Job Line  
www.camarenahealth.org  
e-mail: hr@camarenahealth.org

For Office Use Only

REC: \_\_\_\_\_

Date \_\_\_\_\_

Date: \_\_\_\_\_  
Job Code: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Position Desired: \_\_\_\_\_

**PERSONAL INFORMATION**

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

Please type or print using black or blue ink. Application must be completed in full even if attaching to resume.

Name: \_\_\_\_\_  
First M. Initial Last

Address: \_\_\_\_\_  
Number Street Apt.

City State Zip

**CONTACT INFORMATION**

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Telephone (Home)  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Telephone (Message)

e-mail: \_\_\_\_\_

If no phone, how may we contact you? \_\_\_\_\_

**EDUCATION/TRAINING**

	Name & Address	Major Subject	Circle Last Year Attended	Grad /YR	Degree
High			9 10 11 12	Y N	
College			1 2 3 4	Y N	
College			1 2 3 4	Y N	
Business Trade/ Other			1 2 3 4	Y N	

**Military Training** (Complete this section if you served in the U.S. Armed Services  
Service \_\_\_\_\_ Period of Duty \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Duties & Special Training  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL SKILLS/CERT./LICENSES**

**Languages Spoken:** \_\_\_\_\_ Read Write

**Licenses** (Please Include Driver's License)

Type: \_\_\_\_\_ # \_\_\_\_\_ Type: \_\_\_\_\_ # \_\_\_\_\_

Type: \_\_\_\_\_ # \_\_\_\_\_ Type: \_\_\_\_\_ # \_\_\_\_\_

**Other special skills or training**  
\_\_\_\_\_  
\_\_\_\_\_

**Pay Expected:** \_\_\_\_\_ hrly / mnthly / yrly

**Date available to work:** \_\_\_\_\_

**GENERAL EMPLOYMENT QUESTIONS**

Yes No

Have you ever applied for employment with DMCHC before?

Are you eligible to work in the United States?

Upon Employment, would you be able to provide documentation establishing your identity and eligibility to work in the United States?

Have you ever been convicted of a crime other than a minor traffic violation?

If yes, please explain (Use additional sheets if necessary) \_\_\_\_\_

Have you ever been discharged from any employment or asked to resign?

If yes, please explain (Use additional sheets if necessary) \_\_\_\_\_

Consistent attendance and punctuality are essential requirements of every job at DMCHC. Is there anything which would interfere with your regular attendance and punctuality if you are offered a position?

If yes, please explain (Use additional sheets if necessary) \_\_\_\_\_

Do you know or are related to by blood or marriage to any persons presently employed at DMCHC, existing Board members or business associates?

If yes, please explain (Use additional sheets if necessary) \_\_\_\_\_

Do you have membership in professional or civic organization? (You may exclude those which may disclose your race, sex, religion or national origin)

If yes, please explain (Use additional sheets if necessary) \_\_\_\_\_

**COMPLETION OF THIS SECTION OF THIS APPLICATION IS VOLUNTARY AND WILL BE USED FOR STATISTICAL PURPOSES ONLY**

Please read the following statement

APPLICANT: The information requested on this section of the application is required by the regulations of the Department of Fair Employment and Housing. Employers operating in California are required to keep these records on file for a period of two (2) years. The information collected is for the sole purpose of data collection and will not in any way be used in determining eligibility for employment. DMCHC is an equal opportunity employer and is committed to an active non-discrimination program. All employees and applicants receive equal consideration and treatment. All recruitment, hiring, placement, transfers, and promotions are on the basis of qualifications of the individual for the position being filled regardless of race, color, religion, national origin, age, sex, marital status, medical condition, or physical handicap.

The objective of DMCHC's non-discrimination program is to ensure that each member of the company understands the individuals' responsibility to contribute toward the meeting of the program's needs.

**Position Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY

- African American
- Hispanic/Mexican American
- Asian
- Other
- Caucasian
- Other
- Native American

Age: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_

Physically Handicapped: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Begin with your most recent employment and continue with all past employment. Use additional sheets if necessary. **This section must be completed.** A resume cannot be substituted for section information.

<b>Dates</b> _____ Month/Year to _____ Month/Year	Company Name _____ Location/Address _____ Pay Rate _____/_____-_____/_____ <small>Beginning Ending</small>	Position Title _____ Supervisor _____ Telephone _(____)_____-_____ Yes <input type="checkbox"/> No <input type="checkbox"/> May we contact? <input type="checkbox"/> <input type="checkbox"/>
	Description of Duties _____ Reason for Leaving _____	
<b>Dates</b> _____ Month/Year to _____ Month/Year	Company Name _____ Location/Address _____ Pay Rate _____/_____-_____/_____ <small>Beginning Ending</small>	Position Title _____ Supervisor _____ Telephone _(____)_____-_____ Yes <input type="checkbox"/> No <input type="checkbox"/> May we contact? <input type="checkbox"/> <input type="checkbox"/>
	Description of Duties _____ Reason for Leaving _____	
<b>Dates</b> _____ Month/Year to _____ Month/Year	Company Name _____ Location/Address _____ Pay Rate _____/_____-_____/_____ <small>Beginning Ending</small>	Position Title _____ Supervisor _____ Telephone _(____)_____-_____ Yes <input type="checkbox"/> No <input type="checkbox"/> May we contact? <input type="checkbox"/> <input type="checkbox"/>
	Description of Duties _____ Reason for Leaving _____	
<b>Dates</b> _____ Month/Year to _____ Month/Year	Company Name _____ Location/Address _____ Pay Rate _____/_____-_____/_____ <small>Beginning Ending</small>	Position Title _____ Supervisor _____ Telephone _(____)_____-_____ Yes <input type="checkbox"/> No <input type="checkbox"/> May we contact? <input type="checkbox"/> <input type="checkbox"/>
	Description of Duties _____ Reason for Leaving _____	

**AUTHORIZATION TO RELEASE INFORMATION**

I, the undersigned hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish DMCHC and their agents with any and all information in their possession regarding me in connection with an application for employment. I am willing to acknowledge a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I sign.

I grant this authorization of my own free will, without threats or coercion and understand that in signing this waiver, I have a right to receive a copy of this authorization.

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PERSONAL REFERENCES**

Please list the names of four (4) persons that would be able to give a personal reference. People listed should not be related to you and that you have known for at least one (1) year.

Reference 1 _____ Name Yrs known Phone #	Reference 2 _____ Name Yrs known Phone #
Reference 3 _____ Name Yrs known Phone #	Reference 4 _____ Name Yrs known Phone #

**NOTIFICATION AND AGREEMENT**

I CERTIFY that the information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application could be considered grounds for dismissal regardless of when and how it is discovered. I understand that acceptance of an offer of employment is not contractual. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. I authorize the investigation of all statements and information contained in this application.

I release from all liability anyone supplying such information and I also release the employer from all liability that might result from an investigation.  
**The Camarena Health Centers is an at-will employer.**

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_