



Position Desired: _____

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 a resume.

PERSONAL INFORMATION

Name: _____
First Middle Initial Last

Address: _____
Street Apt City State Zip

() - e-mail: _____
Telephone (Home) Telephone (Message)
If no phone, how may we contact you? _____

EDUCATION / TRAINING

	Name & Address	Major Subject	Highest Year Attended	Graduated	Degree
High			9 10 11 12	Y N	
College				Y N	
Business Trade/ Other				Y N	

ADDITIONAL SKILLS / CERTIFICATION / LICENSES

Languages Spoken: _____ Read Write Licenses (Include Driver's License) Type: # Type: #	Other Special Skills or Training: _____ _____
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GENERAL EMPLOYMENT QUESTIONS Date available: _____

Yes / No

	Have you ever applied for Employment at Camarena Health before?
	Upon Employment, would you be able to provide documentation establishing your identity and eligibility to work in the United States?
	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 Camarena Health. Is there anything which would interfere with your regular attendance and punctuality if you are offered a position? If yes, please explain.
	Do you know or are you related to any persons presently employed at Camarena Health or existing Board members? If yes, please explain.

AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned hereby authorize and request any present or former employer, school, or other persons having personal knowledge about me, to furnish Camarena Health 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 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.

Print Name _____

Date _____

Signature _____

