



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: _____ # _____ CPR/BLS Issue Date: _____ Expiration Date: _____	Other Special Skills or Training: _____ _____ _____
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GENERAL EMPLOYMENT QUESTIONS Pay Expected: _____ 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 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 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, who 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 _____

EMPLOYMENT HISTORY

Begin with your most recent employment. Use additional sheets if necessary.

This section must be completed. A resume alone will not be sufficient.

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

PERSONAL REFERENCES

Please list the names of persons that you have known for at least a year and are not related to you.

Reference: _____ Reference: _____
Name Yrs known Phone # 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 liability anyone supplying such information and I also release the employer from all liability that might result from investigation. Camarena Health 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

Thank you for applying to Camarena Health.

You may E-mail this application to hr@camarenahealth.org of fax to (559) 675-5224, or you can mail or drop off your application to:

Human Resources
730 N. I Street, Ste 202
Madera, CA 93637