

# 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 In                            | itial   | 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<br>Year<br>Attended | Graduated | Degree |
|--------------------------|----------------|---------------|-----------------------------|-----------|--------|
| High                     |                |               | 9 10 11 12                  | ΥN        |        |
| College                  |                |               |                             | ΥN        |        |
| Business Trade/<br>Other |                |               |                             | ΥN        |        |

## ADDITIONAL SKILLS / CERTIFICATION / LICENSES

| Languages Sp    | oken:                |       |   | _Read Write | Other Special Skills or Training: |
|-----------------|----------------------|-------|---|-------------|-----------------------------------|
| Licenses (Inclu | de Driver's License) |       |   |             |                                   |
| Туре:           | #                    | Туре: | # |             |                                   |

# 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

#### **EMPLOYMENT HISTORY**

Begin with your most recent employment. Use additional sheets if necessary. <u>This section must be completed</u>. A resume alone will not be sufficient.

| Dates       | Company Name          | Position Title: | May we contact?<br>□Yes □No |
|-------------|-----------------------|-----------------|-----------------------------|
| Month/Year  | Location/Address      | Supervisor:     |                             |
| to          | Telephone: ()         |                 |                             |
| Month/Year  | Description of Duties |                 |                             |
|             | Reason for Leaving    |                 |                             |
| Dates       | Company Name          | Position Title: | May we contact?<br>□Yes □No |
| Month/ Year | Location/Address      | Supervisor:     |                             |
| to          | Telephone: ()         |                 |                             |
| Month/Year  | Description of Duties |                 |                             |
| Monthy real | Reason for Leaving    |                 |                             |
| Dates       | Company Name          |                 | May we contact?<br>□Yes □No |
| Month/ Year | Location/Address      | Supervisor:     |                             |
| to          | Telephone: ()         |                 |                             |
| Month/Year  | Description of Duties |                 |                             |
|             | Reason for Leaving    |                 |                             |

#### 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 fax this application 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