

APPLICATION FOR EMPLOYMENT
HILL COUNTRY COMMUNITY CLINIC - AN EQUAL OPPORTUNITY EMPLOYER

29632 Hwy 299E, P.O. Box 228, Round Mountain, CA 96084
(530) 337-6243 phone (530) 337-6655 fax
www.hillcountryclinic.org

Please Print – Application must be completed in full

GENERAL DATA:

Last Name _____	First Name _____	Middle _____	Date _____
Current Address: _____			
Street			

City		State	
_____		Zip Code	
_____		_____	
Telephone Numbers: _____ Email : _____			

EMPLOYMENT DESIRED:

Position(s) applying for: _____
Are you interested in <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (dates) _____
What days and hours are you available for work? _____ Available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Wage Desired: \$ _____ If hired, what date are you available to start work? _____

PERSONAL DATA:

How did you hear about our Clinic? <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> School <input type="checkbox"/> Relative <input type="checkbox"/> Other _____
Have you ever worked or applied to work here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
Do you have friends/relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state names and relation _____
Are you at least 18? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, hire is subject to verification that you are minimum legal age)
If hired, would you have reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you present evidence of U.S. citizenship or proof of legal right to live/work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of job you are applying for, either with or without reasonable accommodation?
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe function(s) that cannot be performed: _____
<i>(Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential duties. Hire may be subject to passing medical exam, and to skill/agility tests.)</i>
Have you ever been convicted of a criminal offense (felony/serious misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state nature of the crime(s), where and when convicted, and disposition of case: _____
<i>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however be considered.)</i>

PERSONAL DATA (continued):

Have you ever been discharged, suspended, or requested to resign from any position? Yes No If yes, please explain: _____

Are you currently employed? Yes No

May contact your current employer? Yes No

EDUCATION, TRAINING, AND EXPERIENCE:

Circle Highest Grade Completed in each School Category	Elementary School								High School				College				Grad School			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
	Name & Location												Did you Graduate?	Degree Earned						
High School																				
Community College																				
College/University																				
Vocational/ Business/Trade																				
Other relevant training or skills																				
What computer programs do you use?																				

MILITARY:

Branch of U.S. Service	Final Rank
Service Schools Or Special Experience	

If job involved requires that you drive, state drivers license number _____ State _____ Exp _____

What languages do you speak, write or understand? _____

If position applying for requires certification/license, are you properly licensed and/or certified? Yes No

Name of certificates/licenses, numbers, issuing states: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), relevant dates: _____

EMPLOYMENT HISTORY:

Please list all your current and former employers below starting with the most recent (at least last 5 years).

Name of Employer: _____ Telephone _____

Address: _____ Supervisor's Name _____

Position and duties: _____

Employed From: _____ To: _____ Wage/Salary: _____

Reason for leaving: _____

Name of Employer: _____ Telephone _____

Address: _____ Supervisor's Name _____

Position and duties: _____

Employed From: _____ To: _____ Wage/Salary: _____

Reason for leaving: _____

Name of Employer: _____ Telephone _____

Address: _____ Supervisor's Name _____

Position and duties: _____

Employed From: _____ To: _____ Wage/Salary: _____

Reason for leaving: _____

Name of Employer: _____ Telephone _____

Address: _____ Supervisor's Name _____

Position and duties: _____

Employed From: _____ To: _____ Wage/Salary: _____

Reason for leaving: _____

(attach additional page if not sufficient to list at least the last 5 years)

REFERENCES:

List below three persons, not related to you, who have knowledge of your work performance within the last 5 years.

Name: _____ Telephone Number: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Telephone Number: _____

Relationship: _____ Years Acquainted: _____

Name: _____ Telephone Number: _____

Relationship: _____ Years Acquainted: _____

PRE-EMPLOYMENT STATEMENT:

Please Read Carefully and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Hill Country Community Clinic to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records.

I consent to taking the pre-employment drug screen and physical and any such future physical examinations, reasonable suspicion and post-accident drug/alcohol screens as may be requested or required by Hill Country Community Clinic. I understand that the pre-employment drug screen and physical exam will be required only after an offer of employment has been made and before the beginning of my duties. Any job offer extended will be contingent upon the satisfactory completion of a drug screen, reference checks, background checks when applicable, and resolution of any issues regarding my ability to safely perform the essential functions of the job applied for, either with or without reasonable accommodations. A driving record review will be required for any position requiring an employee to drive a motor vehicle or equipment.

I understand that employment at Hill Country Community Clinic is contingent upon my ability to prove that I am authorized to work in the United States, as required by the Immigration Reform Control Act of 1986.

I certify that I have read and understand the foregoing and to the best of my knowledge and believe, the information on this form is true and correct.

Applicants Signature: _____ **Date** _____