



SISKIYOU COMMUNITY HEALTH CENTER

1701 NW Hawthorne Ave., Suite 201
Grants Pass, Oregon 97526
Phone: 541.955.6053
Fax: 541.471.9242

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: _____ Cell/Other Phone: _____

E-mail: _____

Position(s) applied for: _____ Date of application: ____/____/____

Referral Source (please check the appropriate category and name the source.)

- Walk-in _____
- School/Other _____
- Employee _____
- Staff Agency _____
- Advertisement _____
- Government Agency _____

If you are under 18 and it is required, can you present a work permit? Yes No
If **no**, please explain: _____

Have you submitted an application here before? Yes No
If **yes**, give date(s) and position(s): _____

Have you ever been employed here before? Yes No
If **yes**, give dates: From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: Full Time Part Time
 Educational Co-Op Temporary

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Will you work overtime if required? Yes No
If **no**, please explain _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Yes No
 Need more information about the job's essential functions to respond.

Do you have a professional license? Yes No
If **yes**, please provide the number: _____

Have you ever had any disciplinary action taken against your license? Yes No
If **yes**, please provide dates and details: _____

Have you ever been bonded? Yes No
If **yes**, please explain: _____

Have you entered into an agreement with any former employer or other party (such as non-competition agreement) that might, in any way, restrict your ability to work for our clinic? Yes No
If **yes**, please explain: _____

EMPLOYMENT HISTORY

Starting with your most recent employer, please provide the following information.

_____ Employer Phone #	Dates employed: _____ <div style="text-align: right; font-size: small;">Month Year to Month Year</div>
_____ Street Address City State Zip	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
_____ Starting job title/final job title	Commission/Bonus/Other Comp. \$ _____
_____ Immediate Supervisor title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
_____ Why did you leave?	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Commission/Bonus/Other Comp. \$ _____	

Summarize the type of work performed and job responsibilities:

What did you like most about your position?

What were the things you liked least about your position?

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What did you like most about your position?

What were the things you liked least about your position?

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

Organization

Offices Held

Please list three personal and/or professional references and their contact information:

List special accomplishments, publications, awards, certifications, etc. _____

EDUCATION	Name and Location of School	No. of Yrs. Attended	Degree Received	Subjects Studied /Major
High School				
College or University				
Trade, Business or Graduate School				

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, and employees to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview.

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for providing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that Federal Immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date