

COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS, INC.

Making a Difference One life At A Time Since 1966

EMPLOYMENT APPLICATION

Desired Position: _____ Date of Application: _____

We are pleased that you are seeking employment with the Community Health Centers of South Central Texas, Inc. We are an equal opportunity employer. We do not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or any other basis prohibited by federal, state, or local law. Individuals with disabilities will be provided reasonable accommodations where necessary for the application process of the performance of essential job duties.

In order for you to be considered for employment, this application must be filled out in its entirety. Resumes are welcomed, but should not be submitted in lieu of any information requested below.

APPLICANT NOTE: YOU WILL BE REQUIRED TO UNDERGO AND PASS A DRUG SCREENING AND MAY BE REQUIRED TO PASS A PHYSICAL EXAMINATION AS A CONDITION OF EMPLOYMENT.

PLEASE PRINT OR TYPE ALL INFORMATION.

Applicant's Name: _____
Last First Middle Initial

Present Address: _____
P.O. Box or Street City State Zip

Social Security Number: _____ Telephone: _____

1. If hired, can you furnish proof of citizenship or legal entry into the U.S.A.? Yes No

2. Have you ever been arrested for any offense? Yes No
If yes, what offense _____ Date _____

3. Have you ever been convicted of a misdemeanor or felony? Yes No
If yes, what offense _____ Date _____

4. Were you previously employed by us? Yes No If yes, when? _____

5. Do you have any friends or relatives working for us? Yes No
If yes, please list their names and relationship to you: _____

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6. Are you currently employed? Yes No
7. Salary Desired: _____ Date you can start work: _____
8. Will you work overtime if needed? Yes No
- Will you work evenings if necessary? Yes No
- Will you work weekends if necessary? Yes No
- Are there any limitations on your working hours? Yes No
- If yes, please explain _____
9. Do you smoke? Yes No
10. Would you be willing to travel if necessary? Yes No
11. Do you have a valid driver's license? Yes No

EDUCATION

Type of School	Name of School	City and State of School	Major Course of Study	Last Year Completed (Please Circle)	Diploma/Degree	Grade Average
Elementary School				1 2 3 4 5 6 7 8		
High School				9 10 11 12		
College or University						
Technical or Other						
Extracurricular Activities						
Leadership Positions Held						
Job related License or Certificate	Title				Number	

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Languages you speak other than English: _____

MILITARY EXPERIENCE

Have you served in the U.S. Armed Forces? Yes No Reserve Status: _____

If yes, branch of service: _____ Dates of service: _____

Type of Discharge: _____

Skills acquired: _____

BUSINESS EXPERIENCE

(Please list full and part-time starting with present/most employer first, then previous employers in chronological order.)

Present or most recent Employer: _____

Business Address: _____

Street or P.O. Box City State Zip

Employer's Phone #: _____ Supervisor's Name & Title: _____

Dates Employed: From: _____ Starting Salary: \$ _____

To: _____ Ending Salary: \$ _____

Your Job Title/Position: _____

Reason for Leaving: _____

Description of Your Duties: _____

Training/Continuing Education Courses obtained: _____

Present or most recent Employer: _____

Business Address: _____

Street or P.O. Box City State Zip

Employer's Phone #: _____ Supervisor's Name & Title: _____

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Dates Employed: From: _____ Starting Salary: \$ _____

To: _____ Ending Salary: \$ _____

Your Job Title/ Position: _____

Reason for Leaving: _____

Description of Your Duties: _____

Training/Continuing Education Courses obtained: _____

BUSINESS EXPERIENCE (continued)

Present or most recent Employer: _____

Business Address: _____

Street or P.O. Box City State Zip

Employer's Phone # : _____ Supervisor's Name & Title: _____

Dates Employed: From: _____ Starting Salary: \$ _____

To: _____ Ending Salary: \$ _____

Your Job Title/Position: _____

Reason for Leaving: _____

Description of Your Duties: _____

Training/Continuing Education Courses obtained: _____

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Present or most recent Employer: _____

Business Address: _____
Street or P.O. Box City State Zip

Employer's Phone # : _____ Supervisor's Name & Title: _____

Dates Employed: From: _____ Starting Salary: \$ _____
To: _____ Ending Salary: \$ _____

Your Job Title/ Position: _____

Reason for Leaving: _____

Description of Your Duties: _____

Training/Continuing Education Courses obtained: _____

PAST EMPLOYMENT INFORMATION

1. May we contact your previous employers? Yes No

If no, please indicate which one(s) you do not wish us to contact: _____

2. Have you ever been discharged or asked to resign any position? Yes No

If yes, please explain _____

3. Have you ever been suspended or placed on probation by an employer for attendance, job performance or conduct? Yes No If yes, please explain _____

4. Please explain all periods of unemployment: _____

5. Do you have any other job(s) that you expect to continue if employed here? Yes No

If yes, please explain _____

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PROFESSIONAL LICENSES AND/OR CERTIFICATION

Type	Organization or State Issued	Date Issued	No. Verified
Type	Organization or State Issued	Date Issued	No. Verified
Type	Organization or State Issued	Date Issued	No. Verified

You are not required to answer these questions. They are used for statistical purposes, for insurance and retirement plans after employed. Your answers will not be used for determination of employment.

Date of Birth: _____ Marital Status: _____ Sex: _____

Place of Birth: _____ Driver's License No. _____

REFERENCES (excluding relatives)

Name and Occupation	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Consumer Reports Notification

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer-reporting agency, other agencies, or directly by this employer. These reports will be used for the purpose of evaluating you for employment with our organization. Reports may include criminal convictions, motor vehicle, social security, prior employers, and other reports. These reports may include information about your character, work habits, performance, education, work experience, and reasons for termination of employment from previous employers. Our organization may also request information from various federal, state, and other agencies which maintain driving, credit, criminal, and civil records.

Applicant's authorization and certification:

I, the undersigned, do hereby authorize the Community Health Centers of South Central Texas, Inc. (CHCSCT) to fully investigate my work record and qualifications. I also authorize any persons having such knowledge to provide this information to the CHCSCT upon request. I certify that all of the information contained in this application is, to the best of my knowledge, accurate and complete. I understand that, if employed by the CHCSCT, any false statement, misrepresentation or omission of facts in this application shall justify my dismissal. I understand this application is not to be construed as a contract for employment.

Applicant's Signature: _____ Date: _____

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