



**COMMUNITY HEALTH CENTERS
OF SOUTH CENTRAL TEXAS, INC.**

P.O. Box 1890/228 St. George St., Gonzales, TX 78629
Phone (830)672-6511 Fax: (830)672-6430-Admin

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. (CHCSCT) CHCSCT is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or 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. **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.** In order for you to be considered for employment this application must be completed in its entirety. **Resumes are welcomed, but should be attached to the completed application.** Copies of this application may be made for different position titles, but each copy must be signed.

PLEASE PRINT IN BLACK OR BLUE INK OR TYPE

Name: _____
Last First Middle Initial

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

E-mail Address: _____

List any other names used if different from name on application. _____

Title of position or type of work and location for which you wish to apply:

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes ___ No ___
If the answer is "Yes" please explain in concise detail on a separate sheet of paper, giving dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Additional information related to convictions of misdemeanors may be needed.

Have you ever been employed by the CHCSCT? Yes ___ No ___ If "Yes", when? _____

Do you have any relatives working for CHCSCT? Yes ___ No ___
If "Yes", list their names and relationship _____

Do you have any relatives currently serving on the Board of Directors of CHCSCT? Yes ___ No ___
If "Yes", list their names & relationship: _____

Date available for work? _____

Are you willing to work hours other than 8-5? 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: _____

Are you willing to travel if necessary? Yes _____ No _____

Current Driver's License # (if required for position) _____
(State) (Number)

EDUCATION

NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.) Indicate highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12.

Languages You Speak Other Than English: _____

High School Graduate or GED? ___ Yes ___ No If "Yes", name and location of high school or GED Institute _____

Type of School	Name and Location of School	Dates Attended From To	Date Graduated	Expected Graduation Date	Type of Diploma or Degree
Undergraduate Colleges or Universities					
Graduate Schools					
Technical, Vocational, or Business Schools					

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? _____

Do you speak a language other than English? (if required for this position) ___ Yes ___ No

If "Yes", what language(s) do you speak? _____

Do you write in a language other than English? (If required for this position) ___ Yes ___ No

If "Yes", which language(s)? _____

MILITARY EXPERIENCE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? ___ Yes ___ No If "Yes", list type of discharge _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran who has not remarried? Yes ___ No ___

Are you a surviving orphan of a veteran? Yes ___ No ___

If "Yes", complete dates of service for veteran _____

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE
YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I understand that all males who are 18 through 25 are required to register with the Selective Service, and to present either proof of registration or exemption from registration upon hire.

I understand that the Community Health Centers of South Central Texas, Inc. may or may not check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.

I authorize any of the person(s) or organization(s) referenced in this application to give you any and all information concerning previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Sign

THIS APPLICATION MUST BE SIGNED: Here _____ Date _____

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualification for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

NAME: _____
Last First Middle Initial

Business Name: _____

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

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

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

Job Title/Position: _____

Reason for Leaving: _____

Summary of Your Duties including special training/skills/qualifications you have used in the performance of this job.

Business Name: _____

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

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

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

Job Title/Position: _____

Reason for Leaving: _____

Summary of Your Duties including special training/skills/qualifications you have used in the performance of this job.

Business Name: _____

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

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

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

Job Title/Position: _____

Reason for Leaving: _____

Summary of Your Duties including special training/skills/qualifications you have used in the performance of this job.

APPLICANT EOE DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

Name: _____ Date: _____

Address: _____ City _____ State _____ Zip Code _____

Sex: ____ M-Male ____ F-Female	Birth Date: _____	Ethnic Origin (check mark) ____ W-White ____ B-Black ____ H-Hispanic ____ Asian/Pac. ____ P-Islander ____ Am. Ind./I-Alaskan ____ Other
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Are you a U.S. citizen? Yes No If "No", please specify your immigration status: _____

Are you a Veteran Yes No
 Spouse of a Veteran Yes No
 Orphan of Veteran Yes No
 Former Texas Foster Youth 25 yrs of age or younger Yes No

How did you first find out about this job?
 Referral Newspaper Name of Newspaper: _____
 Agency Web Site-Internet Other Employee _____
 Other (Specify) _____

X _____
Signature – Applicant **Date**

- White (Not of Hispanic Origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (Not of Hispanic Origin)** – All persons having origins in any of the Black racial groups of Africa.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Phillipine Islands, and Samoa.
- American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AN EQUAL OPPORTUNITY EMPLOYER

DETAILED ADDITIONAL INFORMATION PAGE