

Application for Employment

The four core values of Camino Health Center are the guiding principles that enable us to achieve our Mission. Each of us is committed to these values and work to make them present in our relationships with each other and with those we are privileged to serve.

Dignity

We respect each person as an inherently valuable member of the human community and as a unique expression of life.

Excellence

We foster personal and professional development, accountability, innovation, teamwork, and commitment to quality.

Service

We bring together people who recognize that every interaction is a unique opportunity to serve one another, the community, and society.

Justice

We advocate for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons.

Position Desired:	Date:
Name: (Legal First and Last Name)	
Preferred Name:	Phone Number:
Other Names Used in Past Employment: (for reference purposes)	Email Address:
Street Address:	City, State, Zip:
If Hired, Date Available to Start:	Salary Desired:

All information must be filled out completely or employment application will not be accepted.

CAMINO HEALTH CENTER IS AN EQUAL OPPORTUNITY EMPLOYER

Policy on Non Discrimination: We will not engage in discriminatory practices against any person employed or seeking employment on the basis of any protected characteristic, including but not limited to, actual or perceived race, color, religion, marital status, national origin, ancestry, physical or mental disability, genetic characteristic, gender, sexual orientation, age, veterans status or any other legally protected class by federal/state laws.

Employment Record

Please list your 10 most recent employers (Present or most recent employer first). Include all employment, registry, temporary, military or volunteer service, including positions which may not relate to the job for which you are applying.

From(Month/Year):	To(Month/Year):
Company:	Address:
Supervisor's Name & Title:	Your Title/Position:
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Number:	Email:
Duties/Responsibilities:	
Reason for Leaving:	

From(Month/Year):	To(Month/Year):
Company:	Address:
Supervisor's Name & Title:	Your Title/Position:
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Number:	Email:
Duties/Responsibilities:	
Reason for Leaving:	

From(Month/Year):	To(Month/Year):
Company:	Address:
Supervisor's Name & Title:	Your Title/Position:
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Number:	Email:
Duties/Responsibilities:	
Reason for Leaving:	

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Employment Record Cont.

Please list present or most recent employer first. Include all employment, registry, temporary, military or volunteer service, including positions which may not relate to the job for which you are applying.

From(Month/Year):	To(Month/Year):
Company:	Address:
Supervisor's Name & Title:	Your Title/Position:
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Number:	Email:
Duties/Responsibilities:	
Reason for Leaving:	

From(Month/Year):	To(Month/Year):
Company:	Address:
Supervisor's Name & Title:	Your Title/Position:
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Number:	Email:
Duties/Responsibilities:	
Reason for Leaving:	

From(Month/Year):	To(Month/Year):
Company:	Address:
Supervisor's Name & Title:	Your Title/Position:
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Education

Name of High School:	Highest Grade Completed:
Phone Number:	Major:
School Address (Street, City, State, Zip code)	
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED	

Name of College:	College Years Completed:
Phone Number:	Major:
Degree:	Date Received:
School Address (Street, City, State, Zip code)	

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Phone Number	Major:
Degree:	Date Received:
School Address (Street, City, State, Zip code)	

Name of College:	College Years Completed:
Phone Number:	Major:
Degree:	Date Received:
School Address (Street, City, State, Zip code)	

Technical or Professional School:	Number of Years Completed:
Phone Number	Major:
Degree/Certificate:	Date Received:
School Address (Street, City, State, Zip code)	

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Professional Licenses and Certificates / Skills

<u>Professional Licenses and Certificates</u>	<u>License Number</u>	<u>State</u>	<u>Expiration Date</u>

<u>Professional Affiliations</u>

<u>Foreign Language Skills:</u> Please specify language and level of proficiency (Basic, Moderate, Fluent)			
Language:		Language:	
Speak:		Speak:	
Read:		Read:	
Write:		Write:	

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Camino Health Center. If so, please explain:

Professional References

Please provide 3 professional references, please do not include friends or family members. (Example of professional references: supervisors, co-workers, profession etc.)

Name/Title	Relationship	Employer	Contact Number	Email Address

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Additional Information

1. If hired, can you provide proof of eligibility to work in the United States? Yes No
2. Are you at least 18 years of age? Yes No
3. Are you applying for?
 - a. Regular full-time work? Yes No
 - b. Regular part-time work? Yes No
4. Would you be available to work overtime, if necessary? Yes No
5. Some of our positions may require that you work weekends and evenings. Are you available for weekend and evening shifts? Yes No
6. If hired, would you have reliable means of transportation to and from work? Yes No
7. Have you ever been employed by Camino Health Center? Yes No
 - a. If yes, list your title(s), name of the department(s), and the dates of prior employment.

Title	Department	Dates of Prior Employment

8. Do you have any relatives employed by Camino Health Center? Yes No
 - a. If yes, please identify them below

Name of Relative:	
Title:	
Department:	
Relationship to employee:	

9. How did you hear of **Camino Health Center** or this **Position**?

- Employee Referral: Employee Name: _____
- Indeed
- Zip recruiter
- CHC Employment Page
- National Health Service Corp
- Other: _____

10. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

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If you are applying for any of the following positions: Physician, Nurse Practitioner, Physician Assistant, License Clinical Social Worker, Dentist, or any other professional licensed position, please answer the following questions.

11. Have you ever been sanctioned by an enforcement agency for health care fraud or violation of health care regulation(s)? Yes No **If Yes**, please explain: _____
12. Have you been excluded from providing services or otherwise limited in participating in any Federal health care program including Medicare, any state Medicaid program including Medi-Cal and TRICARE/CHAMPUS? Yes No **If Yes**, please explain: _____

Certification and Acknowledgment

Please Read And Initial Each of the Following Statements.

_____ **Initial** I certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Camino Health Center with which I am applying unless I have indicated otherwise. I authorize the references listed above to provide to Camino Health Center with which I am applying any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information as well as from the use or disclosure of such information by Camino Health Center or any of its agents, employees, affiliated entities or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer, the revocation of a conditional offer, or, if I am hired, my dismissal from employment.

_____ **Initial** I also understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the U.S. Offers of employment are also conditioned on receipt of satisfactory responses to reference requests, background checks and the satisfactory completion of a post-offer medical evaluation including a drug test.

_____ **Initial** In consideration of my employment, I agree to conform to the facility's rules and standards and agree that my employment can be terminated at-will, with or without cause, and with or without notice at any time, either at my option or at the option of the facility. I understand that no employee or representative of the facility other than its CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the policy of at-will employment. I further understand that any such agreement is null and void, unless it is in writing, signed by me and the CEO, and clearly specifies our intent to modify the at-will nature of my employment. I acknowledge and agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship, that there are no oral or collateral agreements regarding this issue, and that this provision supersedes all existing policies and practices to the contrary.

Signature of Applicant _____

Date _____

Note: *The health center will not deny employment to any applicant solely because the person has been convicted of a crime or sanctioned by any enforcement case. Each case will be evaluated based on its own facts and merits. The health center reserves the right to refuse to hire any applicant who has been excluded or limited in participating in any of the above programs and to terminate immediately any employee who is, or becomes, so excluded or limited.*

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