



APPLICATION FOR EMPLOYMENT
CLINICAS DE SALUD DEL PUEBLO, INC.
CORPORATE OFFICE

P.O. Box 1279 · Brawley, California 92227 · (760) 344-9951 · Fax (760) 344-6128

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran status, disability, or any other legally protected status.

Position Applied For	Date of Application
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Last Name	First Name	Middle Name
Address	City	State
		Zip Code
Telephone Number(s)		Last 4 of SSN
E-mail Address		

- If you are under 18 years of age, can you produce a work permit if hired? Yes No
- Can you after employment, submit verification of your legal right to work in the U.S.?.? Yes No
- Are you currently working for our company? Yes No
- Have you ever been employed here before? Yes No
- Can you travel if required? Yes No
- Are you related to anyone currently working for our company? Yes No
- If yes, please state his/her name, location of employment and nature of Relationship. _____
- Are you a veteran of the U.S. military service? Yes No
- Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No
- If no, what accommodations can be made: _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Received
High School				
Undergraduate				
Graduate/Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, religion, gender, national origin, disabilities or other protected status.

From (Month/Year)	To (Month/Year)	
Employer	Address	Telephone Number
Job Title	Duties	
Reason for Leaving		Supervisor's Name
From (Month/Year)	To (Month/Year)	
Employer	Address	Telephone Number
Job Title	Duties	
Reason for Leaving		Supervisor's Name
From (Month/Year)	To (Month/Year)	
Employer	Address	Telephone Number
Job Title	Duties	
Reason for Leaving		Supervisor's Name
From (Month/Year)	To (Month/Year)	
Employer	Address	Telephone Number
Job Title	Duties	
Reason for Leaving		Supervisor's Name

SKILLS

Please list any specialized training, apprenticeship, military training, licenses, job-related skills, or any other additional information in which you feel may be helpful to us in considering your application.

Are you registered or certified by any professional organization, or do you hold a professional or occupational license in the State of California? Yes No

If "Yes" please specify: _____ License No. _____ Exp. Date _____

REFERENCES

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I certify that my answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

Please read carefully, initial each paragraph 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 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 the company to thoroughly investigate my references work record, education and other matter related to my suitability for employment and further, authorizes 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 investigations or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Agency, that all disputes that cannot be resolved by informal internal resolution, which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and there is no other agreement as to dispute resolution and there is no other agreement as to dispute resolutions, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted during my employment, if hired, is intended to create an employment contract between me and the Agency. 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 promise or representations contrary to the foregoing are binding on the Agency, unless made in writing and signed by me and the company's designated representative.

Date: _____

Applicant Signature: _____