



"An Equal Opportunity Employer"

CENTRAL CITY COMMUNITY HEALTH CENTER
 1000 San Gabriel Boulevard suite 200
 Rosemead, CA 91770
 Phone 323-724-0019; fax 323-07243539

For Official Use Only
Rec #
Sequence #
Trf. Rec #
Sequence #

Application for Employment

Type or use dark ink and print clearly. Attach all required documents.

Position Applied For:

Today's Date

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	Last Name	First Name	MI	Phone
				()
Address – No. and Street		City	State	Zip
Type of Valid Driver's License: State: _____ License #: _____ Class: _____ Exp. Date: _____				
Have you ever been employed by CCCHC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? From _____ To _____				
Did a CCCHC employee refer you for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list name of employee: _____				
<p><i>CCCHC's policy is to not hire, transfer, or promote family members, significant others, or roommates of CCCHC employees into a position where they have the potential to be supervised by, exercise supervisory authority over, or have access to confidential material involving that family member, significant other, or roommate.</i></p> <p style="text-align: center;">Do you have any family members, significant others, or roommates that work at CCCHC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, list name of employee: _____</p>				
Have you ever been convicted of any criminal offense other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of driving while intoxicated (DUI)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>If Yes to either of the above, list date of conviction, sentence and nature of offense: (Conviction of a criminal offense is not an automatic ban to employment – all circumstances will be considered):</p> <p>Date of conviction _____ Sentence: _____ Nature of Offense: _____</p>				

If offered employment, you will be required to show documentation of the legal right to work in the United States

Education/Training

Education: Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12					College: 1 2 3 4				Graduate School: 1 2 3 4			
Name of School	Type of Program or Courses	No. of Units	Graduate (Yes/No)	Type of Degree								
High School												
College or University												
Graduate School												
Other												

List courses or other training DIRECTLY related to this position (include units completed):

List below the last three employers, beginning with your most recent experience. Include periods of unemployment, schooling, military service and/or volunteer experience to account for the full ten years, add extra pages if necessary. Application must be completed in full to be considered for employment. If a supplemental application is required, it must be completed and returned with this general application.

Employment Record

Name of Company:	Position Title:		
Supervisor's Name:	Job Duties:		
Supervisor's Phone No:			
Address of Company:			
Dates employed: From: To:	Rate of Pay:	Hours per Week:	Reason for Leaving

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Dates employed: From: To:	Rate of Pay:	Hours per Week:	Reason for Leaving

References

List Name, Mailing Address, and Telephone Number

1)	
2)	
3)	

I hereby certify that all statements on this application are true and correct to the best of my knowledge. If employed, I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate termination if I am employed, regardless of the time elapsed before discovery.

Signature of Applicant:	Today's Date:
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Central City Community Health Center is an Equal Opportunity Employer. To demonstrate that we meet Equal Employment Opportunity requirements, we must periodically report statistical information about applicants to the Federal government. This information is voluntary and will be kept separate and confidential.

Position Title _____

Social Security No. _____

Age

Sex (M/F)

Disability (Y/N)

Ethnic Code (0-5)

Veteran (Y/N)

Ethnic Code:

- | | |
|--|---|
| 0 White (Having origins in the peoples of Europe) | 3 American Indian/Alaskan Native (Having origins in any of the original peoples of North America) |
| 1 Black (Having origins in the original Black racial groups of Africa) | 4 Hispanic (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race) |
| 2 Asian/Pacific Islander (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands) | 5 Other |

Recruitment Source (How did you learn about this job?) Circle one

- | | | |
|---------------------------|----------------------------|----------------|
| 01 Los Angeles Times | 07 Internal Recruitment | 13 Internet |
| 02 Orange County Register | 08 Passenger Transport | 14 Other _____ |
| 03 Pennysaver | 09 Job Fair | |
| 04 Friend | 10 School | |
| 05 Current CCHC employee | 11 State Employment Office | |
| 06 Walk-in | 12 Jobs Available | |

Name _____

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

Interviewed by :	Date:
Comments	

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Comments	

Interviewed by :	Date:
Comments	

Hired (date) For Dept.		For Position	
Salary Wages		Will Report	
Approved 1	Direct Supervisor	Date	
Approved 2	Administrator	Date	
Approved 3	Human Resources	Date	
Approved 4	Interim Chief Executive Officer/Executive Director	Date	