

**EMPLOYMENT APPLICATION**

**Thank you for your interest in employment with Desert Senita Community Health Center.**

We ask that you answer the following questions in order that we may fully evaluate your application.

Federal and state laws prohibit discrimination in employment on the basis of race, color, religion, sex, ancestry, age, handicap, disability, national origin or veteran status.

Desert Senita Community Health Center is an equal opportunity employer committed to employing a diverse workforce who can effectively respond to a diverse community.

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST, FIRST, MIDDLE



Job Position:				Telephone Number:		
Name:						
	Last	First		Middle		
Address:						
	Street	City		State	Zip	
Email:				Social Security Number:		
Date Available to Start:				Desired Salary Range:		
Desired Employment:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Per diem (Un-benefited)		
Have you ever been convicted of a felony?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, please explain:						
Have you ever been employed with Desert Senita Community Health Center before?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, Position and Date of Employment:						
Do you have any relatives who are employed by Desert Senita Community Health Center?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, Relative Name:						

### EDUCATION

List three (3) schools attended, starting with most recent

School	# of years completed	Degree/Diploma	Major	Minor

### CERTIFICATIONS

Certification	Date Completed	Date Expires



## EMPLOYMENT

List most recent first | Include U.S. Military Service | Additional References and Resume May Be Attached

Employer:	Dates Employed	
Telephone:		
Address:	Starting Hourly Rate/Salary	
Starting Job Title:		Hourly Salary
Ending Job Title:	Final Hourly Rate/Salary	
Immediate Supervisor Name:		Hourly Salary
Supervisor's Title:	Contact for Reference?	
Reason for Leaving:	Yes	No
Summarize the type of work performed and job responsibilities:		

Employer:	Dates Employed	
Telephone:		
Address:	Starting Hourly Rate/Salary	
Starting Job Title:		Hourly Salary
Ending Job Title:	Final Hourly Rate/Salary	
Immediate Supervisor Name:		Hourly Salary
Supervisor's Title:	Contact for Reference?	
Reason for Leaving:	Yes	No
Summarize the type of work performed and job responsibilities:		



Employer:	Dates Employed	
Telephone:		
Address:	Starting Hourly Rate/Salary	
Starting Job Title:		Hourly Salary
Ending Job Title:	Final Hourly Rate/Salary	
Immediate Supervisor Name:		Hourly Salary
Supervisor's Title:	Contact for Reference?	
Reason for Leaving:	Yes	No
Summarize the type of work performed and job responsibilities:		

Employer:	Dates Employed	
Telephone:		
Address:	Starting Hourly Rate/Salary	
Starting Job Title:		Hourly Salary
Ending Job Title:	Final Hourly Rate/Salary	
Immediate Supervisor Name:		Hourly Salary
Supervisor's Title:	Contact for Reference?	
Reason for Leaving:	Yes	No
Summarize the type of work performed and job responsibilities:		



## REFERENCES

List name and telephone number of three business work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Telephone	Email	Years Known

## ADDITIONAL INFORMATION

Any additional information you would like us to consider?

1	
2	
3	

## DISCLAIMER AND SIGNATURE

Any offer of employment that may be made is conditional on passing a physical examination, depending on the position of which you have applied for. And will be given by a Desert Senita Community Health Center Physician. I understand that any misrepresentation or material omission made by me in connection with this application is grounds for termination. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. All applicants offered employment will be required to successfully complete a drug/alcohol test as part of their pre-employment examination. Additionally, Desert Senita Community Health Center reserves the right to revoke any offer letter should it not receive a satisfactory reference and background check for the applicant. *As a condition of employment, DSCHC employees are required to qualify for an Arizona Level One Fingerprint Clearance Card.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

