



Application for Employment

Note: Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Applicant Information

Date: _____ Email address: _____

First name: _____ Last name: _____ Middle initial: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Primary phone: _____ Home Cell Secondary phone: _____ Home Cell

Are you eligible for employment in the United States? No Yes

Have you ever been convicted of a crime? No Yes, please indicate the nature and dates of the convictions: _____

Convictions will be considered in relation to the position for which you apply, and will not necessarily be a bar to employment.

Employment Information

Position for which you are applying: _____

Professional license number(s): _____ Type(s): _____ State(s): _____

How did you hear about Charles Drew Health Center, Inc. or this position? _____

List the names and relationships of relatives and/or friends employed by Charles Drew Health Center: _____

Type of employment desired: Full-time Part-time Temporary Volunteer

Date available for employment: _____

If employed, are you available to work overtime and/or weekends? No Yes

What are your salary requirements? \$ _____ Annually Monthly Hourly

Employment History

Beginning with your present or most recent employer, list your last four (4) positions. Include any summer, temporary, and part-time work.

Agency or Company: _____

Address: _____

City/State/Zip: _____ Phone: _____

Job title: _____

Supervisor and title: _____ Dates employed: _____ to _____

Starting salary/hourly rate: \$ _____ Current/Ending salary/hourly rate: \$ _____

Summarize job responsibilities: _____

Reason for leaving: _____

Agency or Company: _____

Address: _____

City/State/Zip: _____ Phone: _____

Job title: _____

Supervisor and title: _____ Dates employed: _____ to _____

Starting salary/hourly rate: \$ _____ Current/Ending salary/hourly rate: \$ _____

Summarize job responsibilities: _____

Reason for leaving: _____

Agency or Company: _____

Address: _____

City/State/Zip: _____ Phone: _____

Job title: _____

Supervisor and title: _____ Dates employed: _____ to _____

Starting salary/hourly rate: \$ _____ Current/Ending salary/hourly rate: \$ _____

Summarize job responsibilities: _____

Reason for leaving: _____

Agency or Company: _____

Address: _____

City/State/Zip: _____ Phone: _____

Job title: _____

Supervisor and title: _____ Dates employed: _____ to _____

Starting salary/hourly rate: \$ _____ Current/Ending salary/hourly rate: \$ _____

Summarize job responsibilities: _____

Reason for leaving: _____

May we contact the above referenced employers? Yes No, why: _____

Have you ever been discharged or requested to resign from any positions? No Yes, why: _____

Education Information

Most recent high school: _____

Address: _____

Graduate? _____ G.E.D.? _____

Most recent trade school/college/university: _____

Address: _____

Graduate? _____ Major: _____ Minor: _____

Degrees: _____ Overall GPA: _____

Credits earned in major field (if applicable): _____

Professional References

Name:	Occupation:	Phone or Email:	Years known:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I understand that if hired, I will be expected to take and pass a drug screening and medical examination. Charles Drew Health Center, Inc. assumes financial responsibility for the drug screen and the medical examination. Any misrepresentation on this application will be sufficient cause for cancellation of this application or immediate discharge from employment, whenever it is disclosed. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I give Charles Drew Health Center the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Charles Drew Health Center and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

Charles Drew Health Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local, state, or federal law.

If hired, I understand that I am free to resign at any time, with or without cause, with proper notice, as outlined in the Charles Drew Health Center Personnel Policies. Charles Drew Health Center reserves the same right to terminate my employment. I understand that no representative of Charles Drew Health Center, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I have read and fully understand the foregoing and seek employment under these conditions:

Signature of Applicant: _____

Date: _____