

Arroyo Vista Family Health Center

Application for Employment

AVFHC is an equal opportunity employer

Last Name	First Name	Middle

Present Address

Street	City	State	Zip Code

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Home Phone	Message Phone	Email Address

How did you hear about Arroyo Vista Family Health Center?

Internet Search AVFHC Employee Newspaper

EMPLOYMENT DESIRED

		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Position Desired	Salary Desired	Shift Desired	Date Available

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

Have you applied to AVFHC? Yes No If so, when? _____

PERSONAL DATA

Social Security #	Valid Driver's License Number

Do you have relatives employed at AVFHC? Yes No If yes, _____
Give Names

If you are under 18 years of age and did not graduate from high school, do you have a work permit?

Yes No Permit Number _____

Are you a U.S. Citizen? Yes No If not, do you have a permanent resident Visa? # _____

Have you ever been convicted of a felony? Yes No If yes, please explain _____

Do you have physical limitations that will interfere with your performance in the position you are applying for?

Yes No If yes, please explain _____

Have you ever been discharged or asked to resign from a position? Yes No If yes, please explain _____

EDUCATION AND SKILLS

Name of Last School Attended	Location	Units Completed	Degree
High School			
Junior College			
College/University			
Graduate School			
Business or Vocational School			

Professional Licenses and/or Certificates: _____

Typing Speed (wpm)	Shorthand Speed (wpm)
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List business machines you can operate _____

What foreign languages do you speak, read and write?

Language (s)	Read: Good	Fair	Poor	Write: Good	Fair	Poor	Speak: Good	Fair	Poor

MILITARY SERVICE

Branch	Specialty Type of Discharge

From	To	Final Rank or Rate	Reserve Status

EMPLOYMENT HISTORY

List any employment for the past 10 years, starting with your most recent position. Also include any volunteer work which relates to the job for which you are applying. If you were unemployed for any period, state the nature of your activities.

From Mo/Yr	To Mo/Yr	Employer's Name and Address	Position and Duties	Salary/Mo.	Reason for Leaving
Name while here:		_____			
		Supervisor:			
From Mo/Yr	To Mo/Yr	Employer's Name and Address	Position and Duties	Salary/Mo.	Reason for Leaving
Name while here:		_____			
		Supervisor:			
From Mo/Yr	To Mo/Yr	Employer's Name and Address	Position and Duties	Salary/Mo.	Reason for Leaving
Name while here:		_____			
		Supervisor:			
From Mo/Yr	To Mo/Yr	Employer's Name and Address	Position and Duties	Salary/Mo.	Reason for Leaving
Name while here:		_____			
		Supervisor:			

In case of
Emergency Notify:

Name

Address

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Home Phone

Business Phone

Relationship

I authorize investigation of all statements contained in this application. I understand that misrepresentations or omission of facts may affect my employment with this Agency.

Applicant's Signature

Date

TO BE COMPLETED BY INTERVIEWER

Interviewed by: _____ Date _____

REMARKS: _____

RESULTS OF INTERVIEW