

# Open Door Community Health Centers Application for Employment

Please read carefully: Applications and resumes are accepted for position currently available. ODCHC is committed to afford all qualified individuals an equal opportunity to pursue employment and advancement opportunities. There shall be no discrimination against any person or group based upon race, color, religion, sexual orientation, national origin, sex, age, disability, or veteran status. Please print and answer all questions on both sides of this application. If one does not apply, insert N/A.

## General Information

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Message phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Have you the legal right to work in the US?  yes  no All persons, upon hiring, must provide valid authorization to work in the United States.  
Have you, since the age of 18 or within the last 7 years (whichever is more recent) ever been convicted of a felony?  yes  no If yes, please describe briefly (conviction will not necessarily disqualify you from employment) \_\_\_\_\_  
Have you ever been employed at ODCHC before?  yes  no If yes, please state location, dates, and position held \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## Employment Interests

Position applying for \_\_\_\_\_ Wage/salary desired \_\_\_\_\_ Date available \_\_\_\_\_  
Available for  full time  part time  temporary  summer  
Where did you hear about the position you are applying for? \_\_\_\_\_

Have you been informed of, understand, and have the ability to perform the essential functions of the job with or without accommodation?  yes  no  
Any applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him/her to demonstrate his/her qualifications to perform the essential functions of the job for which the applicant is applying should inform the Human Resources Director.

## Education and Skills

High school \_\_\_\_\_ Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Major subject \_\_\_\_\_ Degree/diploma \_\_\_\_\_  
College \_\_\_\_\_  
Graduate school \_\_\_\_\_  
Business, trade, or other education \_\_\_\_\_  
Please list licenses, certificates, and describe any special training \_\_\_\_\_  
Languages other than English: \_\_\_\_\_ Skill Level:  Beginner  Intermediate  Advanced

## Military Service

US military service duties \_\_\_\_\_ Branch \_\_\_\_\_ Highest rank held \_\_\_\_\_ Reserve status \_\_\_\_\_  
Special training \_\_\_\_\_

**Employment History** (Beginning with your present or last position, complete for ten years of employment)

Employer _____	Supervisor _____	Wage/salary _____
Address _____	City _____	State _____
Phone ( ) _____	Reason for leaving _____	
Dates employed From _____	To _____	
Duties _____		
Employer _____	Supervisor _____	Wage/salary _____
Address _____	City _____	State _____
Phone ( ) _____	Reason for leaving _____	
Dates employed From _____	To _____	
Duties _____		
Employer _____	Supervisor _____	Wage/salary _____
Address _____	City _____	State _____
Phone ( ) _____	Reason for leaving _____	
Dates employed From _____	To _____	
Duties _____		

**Professional References** (List three people who are qualified to evaluate your employment performance, preferably supervisors; do not include relatives)

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone ( ) _____	Phone ( ) _____	Phone ( ) _____
Occupation _____	Occupation _____	Occupation _____
Years known _____	Years known _____	Years known _____

**Initials and Signature**

Please read and initial the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid.

I authorize any person, school, current employer (except as expressly noted), past employer, and organizations named in this application form and accompanying resume or other documentation, if any, to provide ODCHC with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release ODCHC and all parties from all liability for any damage that may result from furnishing information and opinion to ODCHC.

I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.

In consideration of employment, I agree to obey the rules and standards of ODCHC. I understand that nothing contained in this application or in the interview process is intended to create a contract between ODCHC and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause and with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, location, or work, at any time, for any reason, at the option of myself or ODCHC. This constitutes my entire agreement with ODCHC with regard to the length of my employment.

I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in this application, resume, or other documents submitted are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_