



United Health Centers
of the San Joaquin Valley

Employment Application

Mission Statement:

We are committed to the lifetime wellness of our communities by providing accessible, comprehensive quality health care to everyone, including farm workers, families and the underserved, with compassion and respect, regardless of ability to pay.

United Health Centers is an Equal Opportunity Employer

Instructions: Please type or use black or blue ink when completing. Application must be completed in full, even if attaching resume.

Personal Information

Name (last, first, middle initial)	Home Phone: ()	Message/Cell Phone: ()	
Address:	City	State	Zip
Email Address:			

Position Information

Position Applying	Date Available to Start Work:	Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per-Diem <input type="checkbox"/> Temporary
	Salary Desired: \$ <input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> annually	

Education

	Institution Name (include City & State)	Major	Last Year Attended	Degree/Cert received	Degree/Cert
High School			9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	
College			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	
Graduate School			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	
Business/Trade School			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	
Other			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	

Military Training (please complete this section if you were in the U.S. Armed Forces)

Branch		Period: _____ to _____
Rank at Discharge		
Duties/Special Training:		

Skills & Training (please check all that apply)

Language Skills

Bilingual yes no

Language: _____
 Speak Write

Language: _____
 Speak Write

Office Skills (**Please note:** you might be asked to complete test or provide certification)

- Typing wpm _____
- 10-Key kspm _____
- Medical Terminology
- Switchboard/Multi-line phone
- Additional Skills (please specify) _____

Computer Skills

- General Computer/Internet
- Medical/Dental Mgmt
- Spreadsheets
- Word Processing
- Additional (please specify) _____

Licenses/Certifications

License Type	ID Number	Exp. Date	License Type	ID Number	Exp. Date:

Employment History (Starting with most recent, please list previous employers. This section must be completed. A resume cannot be substituted for section information.)

Dates of Employment _____ to _____ mm/yy mm/yy	Employer: May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Address:
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Job Title:	Supervisor:	Contact Number: ()
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Reason for Leaving:

Description of Job Duties:

Dates of Employment _____ to _____ mm/yy mm/yy	Employer: May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Address:
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Job Title:	Supervisor:	Contact Number: ()
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Reason for Leaving:

Description of Job Duties:

Dates of Employment _____ to _____ mm/yy mm/yy	Employer: May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Address:
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Job Title:	Supervisor:	Contact Number: ()
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Reason for Leaving:

Description of Job Duties:

Personal References (please list the names of three (3) people that UHC could contact as a personal reference. Please include contact number and years of acquaintance)

Name:	Name:	Name:
Contact Number: ()	Contact Number: ()	Contact Number: ()
Years Known:	Years Known:	Years Known:

Applicant Questions

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever applied for employment with United Health Centers before?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been employed by United Health Centers before? If so when?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If offered a position, would you be able to provide documentation that you are eligible for employment in the United States?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been employed or attended school under another name? If yes, please indicate:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you related to, by blood or marriage, any persons presently employed by United Health Centers, existing Board of Directors, or business associates? If so, please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you participate or have any memberships in professional or civic groups? Please exclude those which may disclose your race, sex, religion, national origin, etc. Please indicate:

Certification of Information

I CERTIFY that the information provided in this application is true, correct, and complete. I understand that if employed, any misstatement or omission of fact on this application could be considered grounds for dismissal regardless of when and how it is discovered. I understand that all applications are given every consideration, but receipt of this application does not imply that I will be employed by United Health Centers. I understand that an offer of employment is not contractual and that all employment at United Health Centers is “at-will” which means it can be terminated with or without notice and with or without cause at any time by either the employee or the employer.

I acknowledge that I have read and understand the above statement.

Applicant Signature: _____

Date:

Print Name:

Authorization to Release Information

As part of UHC's recruitment program, both personal and professional references are checked prior to job offer. In order to facilitate this process, UHC asks applicants to read and review the statement below.

I, the undersigned, hereby authorize and request individual(s), companies, police departments, financial institutions, or other persons having personal knowledge of me, to provide information that they might have in their possession in connection with an application of employment; as requested by United Health Centers of the San Joaquin Valley and their agents. I am willing to acknowledge a photocopy of this authorization be accepted with the same authority as the original. Additionally, I hereby release the individuals, companies, and/or institutions, from any an all liability, claims or damages that might otherwise be incurred in furnishing the requested information.

Print Name:

Signature: _____

Date:

Marketing Information (OPTIONAL)

Please, tell us, how did you learn of this position?

Newspaper
Name:

Walk-in

Job Board/Internet
Name:

Referred
By whom:

School/College:

Other:

Completion of this section is voluntary and will be used for statistical and compliance purposes only

The following information is requested by the Federal Government and by regulations of the Department of Fair Employment and Housing Administration (FEHA). Employers operating in California are required to collect and keep this information on file for a period of two (2) years. The sole purpose for the data collection is to ensure and monitor compliance with Federal and State Laws prohibiting discrimination against applicants seeking to participate in this program. All recruitment, hiring, placement, transfers, and promotional decisions are made on the basis of the qualifications of the individual for the position being filled regardless of race, color, religion, national origin, age, sex, marital status, medical condition, physical handicap or any other condition protected by law.

You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Please check one of the following:

Gender: Female Male

Ethnicity: American Indian/Alaska Native Asian Black or African American
 Hispanic/Latino Native Hawaiian or Other Pacific Islander White

Rev: 03/2011

HR *Simplified*