



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

APPLICATION FOR EMPLOYMENT

APPLICANT MUST ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.

PERSONAL

(PRINT) LAST NAME	FIRST	MIDDLE	DATE OF APPLICATION
PRESENT ADDRESS		PHONE	
HAVE YOU EVER BEEN KNOWN BY ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO WHAT & WHEN			
POSITION APPLIED FOR		APPROXIMATE EARNINGS EXPECTED	SOCIAL SECURITY NO.
DO YOU HAVE A LEGAL RIGHT TO LIVE AND WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO ANY OFFER OF EMPLOYMENT IS CONDITIONAL ON THE INDIVIDUAL ESTABLISHING EMPLOYMENT ELIGIBILITY UNDER THE IMMIGRATION REFORM & CONTROL ACT OF 1986.			
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
STATUS DESIRED: FULL TIME ___ PART TIME ___ ON CALL ___ TEMP UNTIL _____			
WERE YOU EVER CONVICTED FOR OTHER THAN MINOR TRAFFIC VIOLATIONS? (RECORD OF CONVICTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT CONSIDERATION.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" GIVE PARTICULARS			
HOW WERE YOU REFERRED TO THIS COMPANY?		HAVE YOU APPLIED TO OR BEEN EMPLOYED BY THIS COMPANY PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" STATE WHEN	
NAME OF RELATIVES/FRIENDS EMPLOYED BY THIS COMPANY			

EDUCATIONAL

EDUCATION				
NAME OF SCHOOL AND LOCATION	CIRCLE HIGHEST GRADE COMPLETED	MAJOR SUBJECTS	CLASS* STANDING OR GRADE AVG.	GRADUATE? NAME DEGREES
HIGH SCHOOL	1 2 3 4			
COLLEGE	1 2 3 4			
GRADUATE SCHOOL	ADDRESS	TYPE OF DIPLOMA OR DEGREE		
BUSINESS, CORRESPONDENCE, NIGHT SCHOOL, GED COMPLETION OR OTHER				

*TRANSCRIPT OF GRADES MAY BE REQUESTED.

PROFESSIONAL

PROFESSIONAL SKILLS AND LICENSURE				
TYPE OF LICENSE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER
OFFICE TYPIST, STENOGRAPHER OR SECRETARY - GIVE SPEED OF:				
TYPING (ELECTRIC) WORDS PER MINUTE,		SHORTHAND WORDS PER MINUTE.		
LIST LAB, TECHNICAL EQUIPMENT, OFFICE OR OTHER MACHINES YOU CAN OPERATE.				

LIST ALL PREVIOUS EMPLOYMENT INCLUDING MILITARY BEGINNING WITH MOST RECENT	A. NAME OF COMPANY B. BUSINESS ADDRESS C. KIND OF BUSINESS D. TELEPHONE NO. WITH AREA CODE				TIME EMPLOYED		STARTING RATE OR SALARY	RATE OR SALARY AT LEAVING	NATURE OF WORK	REASON FOR LEAVING	IMMEDIATE SUPERIOR	
	FROM	TO	NAME	TITLE								
1	A _____ B _____ C _____ D _____										NAME TITLE	
2	A _____ B _____ C _____ D _____										NAME TITLE	
3	A _____ B _____ C _____ D _____										NAME TITLE	
4	A _____ B _____ C _____ D _____										NAME TITLE	

EMPLOYMENT

For additional employment information, please attach separate sheet.

INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS YOU DO NOT WISH US TO CONTACT.

PERSONS (OTHER THAN RELATIVES) FAMILIAR WITH YOUR WORK	HOW ASSOCIATED WITH YOU	ADDRESS	OCCUPATION	PHONE

REFERENCE

THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT THE INFORMATION PROVIDED IS SUBJECT TO INVESTIGATION AND THAT ANY MISLEADING OR INCORRECT STATEMENTS MAY RENDER MY APPLICATION VOID OR BECOME CAUSE FOR DISCHARGE IF I AM EMPLOYED.

EMPLOYMENT WITH CLINICAS DEL CAMINO REAL, INC. IS AT-WILL AND MAY BE TERMINATED WITHOUT CAUSE BY EITHER PARTY AT ANY TIME.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND ACKNOWLEDGE THE SAME.

APPLICANT'S SIGNATURE

DATE

CLINICAS DEL CAMINO REAL INC., IS AN EQUAL OPPORTUNITY EMPLOYER