



Clinica Employment Application

Clinica does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature on the back of this application. When filling out the questions, please be aware that none of the questions are intended to imply preferences or discrimination based on non-job related information.

Position Applied For _____ **Today's Date** _____

Name _____
LAST FIRST MIDDLE

Complete Address _____

Previous Address _____

Dates at Previous Address _____

Telephone # () _____ **Other Phone # ()** _____

E-mail _____ **Social Security Number** _____

What employment schedule are you seeking? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>	When are you be available to begin work?
Have you applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Applied _____ Position applied for _____	Pay range expected?
Have you ever been employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If yes, provide dates and positions:
Are you legally eligible to be employed in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Proof of identity and eligibility will be required upon employment)</small>	Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to meet the attendance requirements of position applying for? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you related to a Clinica employee or Board member? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you now or do you expect to be engaged in any other business or employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If yes, please explain:
How did you hear about this position? Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Employee <input type="checkbox"/> Other <input type="checkbox"/>	→ Referring employee name _____ If other, please explain:
Have you worked or attended school under any other names? Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If yes, provide names
Please list any volunteer work related to the position you are applying for:	→
Please indicate days and hours available:	→

Do you have a valid driver's license? (For driving positions only.) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been convicted of any moving violations in the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If yes, provide date(s) and details:
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If yes, provide date(s) and details:
Have you ever been convicted of a felony in Colorado or in any state? Yes <input type="checkbox"/> No <input type="checkbox"/>	→ If yes, provide date(s) and details:

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Educational Background List name and address of schools attended.

School Name and Address	Years	Degree/Diploma

Work History List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. List names and complete numbers of employers. List month and years worked. Please list 2 *supervisors* and 1 *co-worker*. Note: A job offer may be based on acceptable references from current and former employers.

From	To	Employer	Telephone #
Starting Job Title/Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference?			
Reason for leaving		Hourly rate/salary: Start \$ _____ per _____ Final \$ _____ per _____	

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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. You may also include any professional, trade, or business organizations you belong to, related to the position for which you are applying.

Please list the languages you speak and your level of fluency in speaking/writing/reading:

References: Please provide three professional references ; two supervisors and one co-worker

Name	Relationship	Phone Number	Best time to contact

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from Clinica.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Clinica, that such employment with Clinica is At Will, for no specified duration and may be terminated by either Clinica or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Clinica or its representatives used during the employment process is deemed a contract of employment, real or implied.

In consideration for employment with Clinica, if employed, I agree to conform to the rules, regulations, policies and procedures of Clinica at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Clinica business, attendance and punctuality are considered essential requirements of every job at Clinica and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Clinica, I will be subject to a pre-employment background check as a condition of employment. I understand that unsatisfactory results from , refusal to cooperate with, or any attempt to affect the results of this pre-employment check will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Clinica and/or any of its representatives, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

If I wish to be considered for future employment with Clinica, I must fill out and submit a new application.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____