

LA CLINICA DE FAMILIA, INC.
Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For:	Date of Application:			
Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary				
How Did You Learn About Us? Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> _____ Other <input type="checkbox"/> _____				
Last Name:	First Name:	Middle Name:		
Address (Mailing):	Street:	City:	State:	Zip Code:
Telephone Number(s): Best Time to Contact You At Home Is:		A.M./P.M.	Social Security Number:	

Have you ever worked under another name? Yes No If Yes, give name: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Are you currently employed? Yes No

If yes, why do you wish to change your position? _____

Are you currently on "lay-off" status and subject to recall? Yes No

May we contact your present employer? Yes No
(Current/previous employers must be contacted for final candidates before hiring decisions can be made)

Have you been employed with us before? Yes No If yes, give dates and position held: _____

On what date would you be available to work? _____

Are you available to work: Full-Time Part-Time Shift Work Temporary

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of Citizenship or immigration status will be required upon employment) Yes No

Can you travel if your job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, please explain: _____.

(Criminal convictions are NOT an absolute bar to employment, but will only be considered with respect to the specific requirements of the job for which you are applying.)

Education

School Type	Name and location of school	Course of Study	No. Years completed	Did you graduate?
Graduate/ Professional				
College				
Business Trade/ Other Technical				
High School				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeships, skills or extra-curricular activities

Professional Information (if applicable)

Professional Licensure

Years Completed: _____ **License Number:** _____
Effective Date: _____ **Expiration Date:** _____

Other Qualifications (Summarize special job related skills and qualifications acquired from employment or other experience you feel may be helpful to us in considering your application.)

Employment Experience

Please give accurate, complete full-time and part-time employment record. Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations that indicate race, color, religion, gender, national origin, disability or other status.

Company Name:	Telephone:
Address:	Employed (Month/Year): From: To:
Name of Supervisor:	Job Title:
Describe work performed:	Hourly Rate or Salary: Start: Final: Reason For Leaving:

Company Name:	Telephone:
Address:	Employed (Month/Year): From: To:
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Describe work performed:	Hourly Rate or Salary: Start: Final: Reason For Leaving:

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Company Name:	Telephone:
Address:	Employed (Month/Year): From: To:
Name of Supervisor:	Job Title:
Describe work performed:	Hourly Rate or Salary: Start: Final: Reason For Leaving:

List professional, trade, business or civic activities and offices held and any job-related training received. (You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Specialized Skills (Check skills or equipment operated.)

Fax []	Terminal []	Production/Mobile Machinery (list): _____
Calculator []	Computer []	_____
Typewriter []	MS Excel []	Other (list): _____
PBX System []	MS Word []	_____

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with/without accommodation, the essential activities involved in the job or occupation for which you have applied? A description involved in such a job or occupation is attached. []Yes []No

Professional References

1. _____	() _____
_____	_____
2. _____	() _____
_____	_____
3. _____	() _____
_____	_____

Notes:

PLEASE READ BEFORE SIGNING

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

This application for employment shall be considered active for as long as the position for which the applicant has applied is open. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I understand that false or misleading information given in my application or interview(s) may result in my not being hired, or in discharge in the event of employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Employer Immunity From Liability For References On Employee

When requested to provide a reference on a former or current employee, an employer acting in good faith is immune from liability for communicating about the former employee's performance. The immunity shall not apply when the reference information supplied was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil rights of the former employee (NM statutes, amended 1978, chapter 50, article 12, section 1).

I have read and understand the above statement. I authorize my current and former employer to release information about job performance during my tenure of employment to an agent of La Clinica De Familia.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____

Date _____

Employed Yes No Department _____

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

CONSENT FOR DRUG TESTING

I, _____ (Applicant name), do hereby agree to submit to testing to be performed by **Concentra Clinic, 2170 E. Lohman, Ste C, Las Cruces, NM 88001, (575)524-8888** for detection of drugs and alcohol. I give permission for test results to be released to La Clinica de Familia, Inc. I understand that, positive results, refusal to be tested, or any attempt to affect test results or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I received from La Clinica de Familia or termination of employment, depending on when results are received.

Applicant Name: _____

Applicant Signature: _____ Date _____

Your driving record is an important part of your employment application. Employment is contingent upon verification of a good driving record as applicable to the job requirements. You must secure a Motor Vehicle Driving Record as part of the employment process. All information concerning your driving record, and other information set forth in your application, will be verified. False information will result in discharge from employment or termination of the employment application process.