

Iberia Comprehensive Community Health Center, Inc.
 (A Federally Qualified Health Center)

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, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application

Last Name	First Name	Middle
Address	City/State	Zip Code
Telephone Number(s)		
Date of Birth		

Best time to contact you at home is: _____:_____ am / pm

Are you legally eligible for employment in the U.S.? Yes No

Are you able to work: Full Time (Including Shifts and Saturdays?)
 Part Time (Indicate: Mornings__Afternoon__Evenings__ Saturdays__)
 Temporary (Please indicate dates available ____/____ - ____/____)

Date available for work ____/____/____

What is your desired salary range? _____

Can you travel if a job requires it? Yes No

EDUCATION

School Name & Address	Years Attended	Course of Study	No. of years completed	Diploma/Degree
College				
High School				
Elementary				
Other (Specify)				

WORK EXPERIENCE

Please give accurate complete full-time and part-time employment information. Start with your present or recent job.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, list reason:	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, list reason:	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, list reason:	

Describe and specialized training, apprenticeship and extra-curricular activities you may have

State any information you feel may be helpful to us in considering your application.

PROFESSIONAL REFERENCES			
Name/Address	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

PERSONAL REFERENCES			
Name/Address	Phone Number	Best Time to Call	Relationship
1.			
2.			
3.			

To your knowledge, are you related to any Board Members or Staff of Iberia Comprehensive Community Health Center Incorporated or a satellite site? _____Yes _____No

If yes, to whom and what relationship? _____

Have you been arrested and/or convicted of a crime in the past, including misdemeanors that have not been annulled, expunged or sealed by a court? _____Yes _____No

If yes, Please describe in full: _____

The information provided in this application for employment is true, correct and complete. Any omission of facts on this application or misleading information may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If an investigation is necessary to a consumer-reporting agency, I authorize you to do so. If a report is obtained you must provide ICCHC with a copy of the information received, and the name and address of the reporting agency.

Signature

Date