



P.O. BOX 1559, Bakersfield, CA 93302
 1430 TRUXTUN AVENUE, 4TH FLOOR
 Bakersfield, CA 93301
 (661) 635-3050

Also Operating:
 Lamont Community Health Center - Lamont
 Frazier Mt. Community Health Center - Frazier Park
 Kern River Health Center - Wofford Heights
 East Bakersfield Community Health Center - Bakersfield
 Death Valley Health Center - Shoshone
 McFarland Community Health Center - McFarland
 Delano Community Health Center - Delano
 California Avenue Community Health Center - Bakersfield
 Kern Valley Medical Center - Lake Isabella
 34th Street Community Health Center - Bakersfield
 Homeless Health Care Services - Bakersfield
 Arvin Community Health Center - Arvin
 South Bakersfield Community Health Center - Bakersfield

APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT IN INK

Position Desired _____

Date of Application _____ Date Available _____

Are you related to any employees or Board members of CSV? _____

If "Yes", please give name and relationship _____

How did you learn of this job opening? _____



Accredited by the Joint Commission on Accreditation of Healthcare Organizations

PERSONAL DATA		Last	First	Middle Initial
NAME				
Number and Street		City	State	Zip Code
ADDRESS				
Home ()		If you live in this area, how long?		Are you under 18 years of age?
TELEPHONE Work ()				
Have you ever been convicted of a crime which resulted in imprisonment? <i>Conviction is not necessarily a bar to employment.</i>		If "Yes", please explain:		
Can you, after employment, submit verification of your legal right to work in the United States?				
Is there any reason that you would not be able to perform the job-related functions of the position for which you have applied?				

EDUCATION RECORD	Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	
Name and location of school attended	Degree/Certificate Received	Major/Concentration
High School:		
College/University:		
Vocational School/Other:		
List any licenses, certifications or special training that pertains to the job for which you have applied:		
What are your plans for the future?		

ARMED SERVICES RECORD	Branch:	Classification:	Rank at Discharge:

LANGUAGE PROFICIENCY	<i>List language proficiencies (other than English).</i>	Please include any other details that should be considered • (e.g. honors, awards, publications, extracurricular or civic activities) • Please exclude any information or names that might indicate your race, religion, national origin, sex, age, marital status or disabilities:
Language: _____	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	
Language: _____	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	
Language: _____	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	

EMPLOYMENT HISTORY List your present or most recent employer first. Fill in all spaces. "See Resume" is *not* an acceptable response.

1	Name of Employer:	Type of Business:	Telephone Number:	
	Address Number and Street	City	State	Zip Code
	Your Job Title:	Name of your Immediate Supervisor:	Supervisor's Title/Position:	
	Your Job Duties and Responsibilities:		Employed:	
			From: (m / yr)	To: (m /yr)
	Reason for Leaving:		Salary:	
			Start:	End:

2	Name of Employer:	Type of Business:	Telephone Number:	
	Address Number and Street	City	State	Zip Code
	Your Job Title:	Name of your Immediate Supervisor:	Supervisor's Title/Position:	
	Your Job Duties and Responsibilities:		Employed:	
			From: (m / yr)	To: (m /yr)
	Reason for Leaving:		Salary:	
			Start:	End:

3	Name of Employer:	Type of Business:	Telephone Number:	
	Address Number and Street	City	State	Zip Code
	Your Job Title:	Name of your Immediate Supervisor:	Supervisor's Title/Position:	
	Your Job Duties and Responsibilities:		Employed:	
			From: (m / yr)	To: (m /yr)
	Reason for Leaving:		Salary:	
			Start:	End:

PROFESSIONAL / WORK REFERENCES WE MAY CONTACT		Phone:	Briefly describe how this person knows you:
Name:	Address:		

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive a job offer or, if I am hired, in my dismissal from employment. I understand that the passing of a drug test, a background check and a physical evaluation provided by Clinica Sierra Vista is a condition of employment. In consideration of my employment, I agree to conform to the rules and standards of Clinica Sierra Vista and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of Clinica Sierra Vista.

X _____ Date _____
 Signature certifying agreement to the conditions herein stated.