



Regional Center for Border Health, Inc.

APPLICATION FOR EMPLOYMENT

Please, send application to tulymedina@rcfbh.com

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.

| | |
|--|-----------------------------------|
| Position(s) Applied For | Date of Application |
| How did you learn about us? | |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative |
| | <input type="checkbox"/> Inquiry |
| | <input type="checkbox"/> Other: |

| | | |
|-----------------------------|-------------------------------|--------------------|
| Last Name | First Name | Middle Name |
| Address | City | State |
| | | Zip Code |
| Telephone Number (s) | Social Security Number | |
| | - | - |

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

Yes No

Have you ever filed an application with us before? _____

If Yes, give date: _____

Do any of your friends or relatives, work here? _____

If Yes, state name and relationship: _____

Are you currently employed? _____

May we contact your present employer for reference? _____

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work:

Full Time

Part Time (Please indicate Mornings Afternoon Evenings)

Temporary (Please indicate dates available ___/___ - ___/___)

Can you travel if a job requires it? _____

EDUCATION

| School | Name and Address Of School | Course of Study | No. of Years Completed | Diploma / Degree |
|------------------------|----------------------------|-----------------|------------------------|------------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/ Professional | | | | |
| Other (Specify) | | | | |

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

| | | | |
|---------------------|--------------------|-------|----------------|
| Employer: | Dates Employed | | Work Performed |
| Address: | From | To | |
| Telephone Number: | | | |
| Job Title: | Hourly Rate/Salary | | |
| Supervisor: | Starting | Final | |
| Reason for Leaving: | | | |
| Employer: | Dates Employed | | Work Performed |
| Address: | From | To | |
| Telephone Number: | | | |
| Job Title: | Hourly Rate/Salary | | |
| Supervisor: | Starting | Final | |
| Reason for Leaving: | | | |
| Employer: | Dates Employed | | Work Performed |
| Address: | From | To | |
| Telephone Number: | | | |
| Job Title: | Hourly Rate/Salary | | |
| Supervisor: | Starting | Final | |
| Reason for Leaving: | | | |
| Employer: | Dates Employed | | Work Performed |
| Address: | From | To | |
| Telephone Number: | | | |
| Job Title: | Hourly Rate/Salary | | |
| Supervisor: | Starting | Final | |
| Reason for Leaving: | | | |

Comments: Include explanation of any gaps in employment.

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Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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List professional, trade, business or civic activities and offices held.

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ADDITIONAL INFORMATION

Other Qualifications. Summarize special job-related skills and qualifications acquired from employment or other expenses.

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SPECIALIZED SKILLS (Skills/Equipment Operated)

| | | |
|----------------|----------------------|--------------|
| ___ PC/MAC | ___ Spreadsheet | Other (list) |
| ___ Typewriter | ___ Microsoft Office | _____ |
| WPM _____ | ___ Shorthand | _____ |
| | WPM _____ | _____ |

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

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PERSONAL/PROFESSIONALS REFERENCES (Do not include family members or past supervisors.)

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

APPLICANTS' STATEMENT

I certify that answers given herein are true and complete.

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

This application for employment shall be considered active for a period of time not to exceed 90 days. 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 such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

*****WE ARE AN EQUAL OPPORTUNITY EMPLOYER*****