



Regional Center for Border Health, Inc.

APPLICATION FOR EMPLOYMENT

Please send the application and a resume to:

RCBH, 950 E. Main St., Bldg. A, Somerton AZ 85350 Or save the application as a file
(YOUR NAME.pdf) and email the file and a resume to: rcbhhr@rcfbh.org

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

Position(s) Applied For:		Date of Application:	
Last Name:		First Name:	
		Middle Name:	
Address / City / State / Zip			
Telephone Number (s):		Email Address:	
How did you learn about us?			
<input type="checkbox"/> Advertising <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____			

Best time to contact you at home is: ___:___ AM PM

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

If Yes, give date: _____

Do any of your friends or relatives, work here? Yes No

If Yes, state name and relationship: _____

Are you at least 18 years or older? Yes No

Are you currently employed? Yes No

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

Are you available to work: Full Time
Part Time (Please indicate Mornings Afternoon____ Evenings____)
Temporary (Please indicate dates available ___/___ - ___/___)

Are you available to work holidays? Yes No

If hired, will you have reliable transportation to and from work? Yes No

Can you travel if a job requires it? Yes No

Can you perform the essential functions of the job applying with or without reasonable accommodations? Yes No

EDUCATION

School	Name and Address Of School	Course of Study	No. of Years Completed	Year 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:			

May we contact all the above employers or your references?

Yes

No

Comments: Include explanation of any gaps in employment.

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

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

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

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

SPECIALIZED SKILLS (Skills/Equipment Operated)

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

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

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

ADDITIONAL INFORMATION:

I certify that I am a US Citizen, permanent resident, or a foreign national with authorization to work in the United States.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
As policy, all employees are required to live in the U.S. Do you live in the U.S.? Please explain:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a felony? If yes, please explain:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on probation or parole?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:		
Driver's License number/State:	Expiration Date:		
Have you had any accident during the past three years?		How Many?	
Have you had any moving violations during the past three years?		How Many?	

MILITARY:

Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date entered:
Are you now a member of the National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge date:
Specialty		

APPLICANTS' STATEMENT

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 acknowledged 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.

I certify that answers given herein are true and complete.

Signature of Applicant

Date

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