

Canby Family Practice Clinic

670 County Road 83/ P.O. Box 322
Canby, Ca. 96015 Phone: (530) 233-4641

APPLICATION FOR EMPLOYMENT (Please Print)

Canby Family Practice Clinic considers all applications for employment without regard to race, age, color, religion, sex (gender, pregnancy, childbirth and pregnancy-related conditions), national origin, citizenship, marital status, disability, or other legally protected classification.

Employment Desired:

Position applied for: _____	Wage Desired: \$ _____
Date application submitted: _____	Referred by: _____
Have you ever been employed by Canby Family Practice Clinic before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the dates of employment and positions: _____	
How did you hear about our Clinic?	<input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> University
	<input type="checkbox"/> Family Member <input type="checkbox"/> Other _____

Personal Information:

_____	_____	_____
Last Name	First Name	Middle Name
Current Address:	_____	
	Street	
	_____	_____
	City	State Zip Code
Permanent Address:	_____	
	Street	
	_____	_____
	City	State Zip Code
Telephone Number:	_____	

Are you over the age of 18? Yes No If not, state your age: _____
(If under 18, hire is subject to verification that you are at minimum legal age and have a work permit, if applicable)

Are you applying for: Regular Full Time Work Temporary/On Call Work
 Regular Part Time Work:
If part time or temporary, specify days and hours available to work:

On what date would you be available to begin work? _____

For those who will be required to drive vehicle or Clinic leased vehicle on Clinic business:

Do you have a valid California Drivers License? Yes No
Has your license ever been revoked or suspended? Yes No

If yes, please state reason(s), date of revocation or suspension and date of reinstatement:

Name: _____

As a condition of employment, if you are required to drive on Clinic business you must have a valid California Driver's License and be insurable by our insurance carrier. If you drive your own vehicle on Clinic business, a certificate of insurance from your insurance carrier may be required.

Are you able to perform in a reasonable and safe manner, with or without reasonable accommodations, the activities involved in the job for which you have applied? (Please ask about the specific requirements of the job for which you are applying before answering this question) Yes No

If no, please describe the functions that cannot be performed: _____

Do you have the legal right to work and remain in the United States? Yes No

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the company will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you currently employed? Yes No

May we contact your present employer? Yes No

Education, Training, and Experience:

School	Name & Address	Number of years Completed	Did you Graduate?	Degree Earned
High School				
Company / University				
Vocational / Business / Trade				
Other (Please Specify)				

If you are applying for a professional position, are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state the reasons, date of revocation or suspension and the date of reinstatement.

Describe any specialized training, apprenticeship, skills, and extra curricular activities, certifications related to the position for which you are applying and/or mentioned above:

Name: _____

Employment History:

List below all present and past employment starting with your most recent employer (last four positions are sufficient).

Name of Employer: _____
Address: _____
Telephone #: (____) _____
Supervisor's Name/ Title: _____
Date of employment: From: _____ To: _____
Hourly / Monthly Wages: Starting: _____ Ending _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No If no, why not? _____

Name of Employer: _____
Address: _____
Telephone #: (____) _____
Supervisor's Name/ Title: _____
Date of employment: From: _____ To: _____
Hourly / Monthly Wages: Starting: _____ Ending _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No If no, why not? _____

Name of Employer: _____
Address: _____
Telephone #: (____) _____
Supervisor's Name/ Title: _____
Date of employment: From: _____ To: _____
Hourly / Monthly Wages: Starting: _____ Ending _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No If no, why not? _____

Name of Employer: _____
Address: _____
Telephone #: (____) _____
Supervisor's Name/ Title: _____
Date of employment: From: _____ To: _____
Hourly / Monthly Wages: Starting: _____ Ending _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No If no, why not? _____

Name: _____

Employment & Professional History:

List professional, trade, business, volunteer, community service or civic activities and offices held (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or any other protected status): _____

What special gifts or talents would you bring to our Clinic? _____

References: List below three persons who have first hand knowledge of your work performance within the last three years:

Name: _____ Occupation / Title: _____
Company: _____ Telephone Number: _____
Address: _____
Dates Known: _____ Relationship: _____

Name: _____ Occupation / Title: _____
Company: _____ Telephone Number: _____
Address: _____
Dates Known: _____ Relationship: _____

Name: _____ Occupation / Title: _____
Company: _____ Telephone Number: _____
Address: _____
Dates Known: _____ Relationship: _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents or oral representations used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Canby Family Practice Clinic or its agents to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Canby Family Practice Clinic any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Canby Family Practice Clinic, its agents, my former employers and all persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Canby Family Practice Clinic. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice or cause, at the option of myself or Canby Family Practice Clinic and that no promises or representations contrary to the foregoing are binding on the Clinic unless made in writing and signed by me and the Business Director or President of the Board of Directors of Canby Family Practice Clinic.

_____ I understand that any offer of employment I may receive from Canby Family Practice Clinic is contingent upon my successful completion of the Clinic's pre-employment screening process. This process may include a post-offer, pre-employment drug screening test, receiving satisfactory references, verification and suitability of information provided on this Employment Application form, and for certain positions, a consumer investigative report which might include a criminal background check, DMV check and information regarding your character, general reputation, personal characteristics and mode of living. Applicants will be required to sign a Consent form to obtain such a consumer investigative report and applicants will have the right to a copy of the investigation report, as well as a right to a written summary of your rights under the Fair Credit Reporting Act (FCRA) and the California Investigative Consumer Reporting Agencies Act (CICRAA).

_____ I understand that Canby Family Practice Clinic is a Drug and Alcohol Free Workplace and that, if hired, I will be subject to the Clinic's Drug and Alcohol Free Workplace Policy and must sign a Certification acknowledging the Clinic's policy and my agreement to abide by the policy, as a condition of employment.

_____ I agree that all claims by me arising during the application process, including but not limited to, unlawful discrimination and/or harassment and all claims by me arising during my employment (if I am offered and accept employment), including but not limited to, unlawful discrimination, harassment, wrongful demotion, wrongful termination, invasion of privacy, defamation and/or breach of contract or tort claim, will be presented to a neutral arbitrator for final decision in accordance with the provisions adopted by the Clinic after investigation procedures with the Equal Employment Opportunity Commission or the California Department of Fair Employment and Housing, if any, are complete. Nothing in this agreement affects my rights or the Clinic's rights of access to National Labor Relations Board proceedings or to petition for judicial review of a decision issued after an administrative hearing. I also agree that if any court of competent jurisdiction declares that any part of this arbitration agreement is illegal, invalid or unenforceable, such a declaration will not affect the legality, validity or enforceability of the remaining parts of the agreement and that illegal, invalid or unenforceable part will no longer be part of this agreement. I also understand and agree that, as a condition of employment, if I am hired I will be required to sign a "Mutual Mediation/Arbitration Agreement, which will require that I resolve all employment-related disputes or issues arising because of my employment or termination, to mediation and then binding arbitration.

THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR CLAIMS ARISING OUT OF THE APPLICATION PROCESS AND MY EMPLOYMENT, IF OFFERED. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE THE CLAIM OR DISPUTE.

Applicant's Signature: _____

Print Name: _____

Date: _____