



SAN YSIDRO HEALTH CENTER
AN EQUAL OPPORTUNITY EMPLOYER
 1275 30th STREET, SAN DIEGO, CALIFORNIA 92154
PHONE (619) 428-1330 | **FAX** (619) 205-6390 | **E-MAIL** jobs@syhc.org
www.syhc.org

San Ysidro Health Center is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

EMPLOYMENT APPLICATION

Position(s) applied for _____ Date _____

Name _____ E-mail _____
 Last First Middle

Address _____
 Street City State Zip

Home Phone _____ Work Phone _____ Mobile/Pager _____

REFERRAL SOURCE (Please check one)

- Walk-in Job fair SYHC Website Monster.com Craigslist Jobing.com
 School (name): _____ SYHC employee (name): _____
 Agency (name): _____ Newspaper (name): _____
 Other Referral Sources: _____ **Name any relatives/in-laws working at SYHC?** _____

GENERAL INFORMATION

Have you ever submitted and application to SYHC? Yes No If yes, date and position(s): _____

Have you ever worked for to SYHC? Yes No If yes, date and position(s): _____

What languages do you speak fluently? _____

What languages do you write fluently? _____

Are you over the age of 18? Yes No If under 18, can you furnish a work permit? Yes No

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? (Answering "yes" does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account).

If yes, please provide date(s) and details: _____

What is your desired rate of pay? \$ _____ per _____

Are you able to perform the essential functions of the job with or without accommodation? Yes No

*** If the position requires a BS degree or above, you must submit proof of your degree with this application.**

List any special training, skills, computer skills, licenses, certificates, publications, awards and/or job related organizations which may assist you in performing the position for which you are applying. (Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or other similarly protected status.)

Will you travel if the job requires it? Yes No

Will you relocate if the job requires it? Yes No

Start date available: _____ Type of employment desired: (full time, part time, temporary, per diem): _____

Are you available for overtime? Yes No

Are you available for work on evenings and weekends? Yes No

Driver's license number required if driving may be required in the job for which you are applying: _____ State _____

Do you have reliable transportation to and from work? Yes No

Applicant Name: _____

EMPLOYMENT HISTORY: Starting with your most recent employer, provide the following information.

APPLICANTS MUST FILL OUT THIS SECTION EVEN IF ATTACHING A RESUME.

Employer		From	To	Phone
Address		Starting Salary \$	Ending Salary \$	
Job Title		Reason for Leaving		
Duties/Responsibilities:				
Supervisor's Name		* Email Required		
Supervisor's Phone		Cell Phone		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After Offer is Made			Was this employment with an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		From	To	Phone
Address		Starting Salary \$	Ending Salary \$	
Job Title		Reason for Leaving		
Duties/Responsibilities:				
Supervisor's Name		* Email Required		
Supervisor's Phone		Cell Phone		
			Was this employment with an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		From	To	Phone
Address		Starting Salary \$	Ending Salary \$	
Job Title		Reason for Leaving		
Duties/Responsibilities:				
Supervisor's Name		* Email Required		
Supervisor's Phone		Cell Phone		
			Was this employment with an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		From	To	Phone
Address		Starting Salary \$	Ending Salary \$	
Job Title		Reason for Leaving		
Duties/Responsibilities:				
Supervisor's Name		* Email Required		
Supervisor's Phone		Cell Phone		
			Was this employment with an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Name: _____

EDUCATION: Starting with your most recent school attended, provide the following information:

	Name and Location of School	Course of Study	Years Completed	Degree/Diploma Certification/Other
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

* Proof of degree must be submitted with application for BA/BS or above.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with San Ysidro Health Center is true, complete and correct.

I expressly authorize, without reservation, San Ysidro Health Center, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employee or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment of any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of San Ysidro Health Center is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with San Ysidro Health Center, Inc. ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 100 Centerview Drive, Suite 300, Nashville, TN 37214 and may be contacted at 1 (888) 381-7866.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Please note that nothing herein shall be construed as legal advice.

Copyright © 2009 Kroll Background America, Inc. All Rights Reserved.

Attachment to Application for Employment

SYHC Applicant Language Skills

Some positions at SYHC require English and/or Spanish language skills. If you want to be considered for a position that requires either of these skills, please indicate your fluency as follows:

	Verbal		Written	
Spanish	<input type="checkbox"/> Yes, I am _____% fluent.	<input type="checkbox"/> No	<input type="checkbox"/> Yes, I am _____% fluent.	<input type="checkbox"/> No
English	<input type="checkbox"/> Yes, I am _____% fluent.	<input type="checkbox"/> No	<input type="checkbox"/> Yes, I am _____% fluent.	<input type="checkbox"/> No

If there are any other language skills that you would like us to be aware of, please indicate the language and fluency as follows:

	Verbal		Written	
Language:	<input type="checkbox"/> Yes, I am _____% fluent.	<input type="checkbox"/> No	<input type="checkbox"/> Yes, I am _____% fluent.	<input type="checkbox"/> No
Language:	<input type="checkbox"/> Yes, I am _____% fluent.	<input type="checkbox"/> No	<input type="checkbox"/> Yes, I am _____% fluent.	<input type="checkbox"/> No

Name: _____ Date: _____