



***Sunset Community Health Center, Inc. requires a High School  
Diploma or  
GED for any and all positions.  
If you do not possess one of the above, your application  
cannot be considered for employment.***

- Please check this box verifying that you are able to provide proof that you possess a High School Diploma or GED. If you do not have one of these requirements, you will not be able to complete this Application for Employment.
- 

Name: \_\_\_\_\_

Position: \_\_\_\_\_



## Application for Employment

**Sunset Community Health Center, Inc. requires a High School Diploma or GED for any and all positions.  
If you do not possess one of the above, your application cannot be considered for employment.**

Date of Application:

Last Name:

First:

MI:

Position Applied For:

Street Address:

P.O. Box:

City:

State:

Zip:

Email:

Home Telephone:

Work Telephone:

Salary/Wage Required (Specific Amount):

How were you referred? Please check appropriate box(es):  School  Newspaper  Agency  Friend  Internet  Walk-in  Other

If any of your employment or educational records are under another name please list:

Are you related (by birth or marriage) to anyone currently serving on the Sunset Board of Directors, or to anyone currently employed by Sunset?  No  Yes Please specify to whom:

Have you ever been employed by Sunset Community Health Center?  No  Yes \_\_\_\_\_ Please provide dates and position:

Have you ever been arrested, charged, indicted or convicted of a crime?  No  Yes

If yes, where, when and what is the disposition of the case? (A conviction will not be an absolute bar to employment.)

**Please read carefully and complete all areas of this application.**

Your ability to understand and to follow directions accurately is an important factor in our evaluation of this application.

### **An Equal Opportunity Employer**

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, status as a disabled veteran, or any other legally protected status. Information provided on this application will not be used for any discriminatory purpose.

**Provide ALL information requested.**

Please complete the application in full. If you have not answered all of the questions, your applications will be rejected. If you need assistance in completing the application, contact the Human Resources Department and someone will help you.

### **Maintenance of Applications**

Please do not telephone to inquire about the status of your application. If you are selected for further consideration, you will be contacted as soon as that determination is made. Screening of applications may take several weeks, or longer. Applications for employment shall be considered active for a period of time not to exceed 12 months.

### **References**

You are responsible for making sure that we are able to contact and obtain information from those persons who you give as references. If we are unable to contact the persons you have named to provide references for you, we may have to reject your application.

**Sunset Community Health Center is a Drug Free Workplace. Applicants are required to submit to and pass**

*a drug screening test prior to employment.*

**Employment Record – You may attach a resume, however, it is required that this application is completed in full.**

Starting with present or most recent, list all previous employers. Include self-employment, summer and/or part-time jobs. If more space is required, please continue on a separate page following this application.

---

Last or present company: \_\_\_\_\_ Title: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Salary: \_\_\_\_\_ Dates worked: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

Company \_\_\_\_\_ Title: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Salary: \_\_\_\_\_ Dates worked: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

Company \_\_\_\_\_ Title: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Salary: \_\_\_\_\_ Dates worked: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Brief description of job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

PLEASE LIST ADDITIONAL WORK HISTORY, IF NECESSARY, ON PAGE 7

May we contact your present employer?  Yes  No

**Education:**

School Name	Location	Main Course	Diploma/Degree?
High School:			
College or Vocational School:			

**Other Education/Training:**

**Answer the following questions 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, suspended, or otherwise disciplined?  Yes  No

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

**Outside Activities (Exclude those including race, color, religion, sex, national origin, age or disability)**

Professional memberships, certificates or licenses:

**Special Skills:**

Typing (WPM):

Data Entry (Keystrokes per hr.):

Computer Hardware:

Computer Software:

Language Skills (indicate fluency level)

Please list other skills relevant to this application:

- |  |                                |                               |                                |
|--|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> English       | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| <input type="checkbox"/> Spanish       | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| <input type="checkbox"/> Other:        | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write |
| <input type="checkbox"/> Sign Language |                                |                               |                                |

**Military Record:**

Branch of Service:

Present Military Affiliation:

- None  Reserve (active)  Reserve (inactive)

Training and duty received during military service:

**Professional / Work References:**

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying. The persons named below are released from any liability which might occur in connection with their providing us with an employment reference regarding you.

Name	Title/Relationship	Address	Phone	Company

***Special Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities***

Government contractors are subject to 38 USC 2012 for the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information, which will be treated as confidential. Failure to provide this information will not jeopardize your consideration. If you wish to be identified, please sign below.

DISABLED       DISABLED VETERAN       VIETNAM VETERAN

Name: \_\_\_\_\_

Please check box confirming that you understand typing your name is considered the same as your handwritten signature.

***Applicant's Statement***

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed.

I understand that my employment may be contingent upon resident status and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

I 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.

I understand that any offer of employment is contingent upon the results of:

1. Reference checks
2. A background investigation
3. A post-offer, pre-employment physical examination (including a drug/alcohol test)

As part of Sunset Community Health Center's Employment Policy & Procedure, I authorize Sunset Community Health Center to receive the results of my post-offer pre-employment physical examination. I acknowledge and consent to the results being reviewed by members of the Sunset Community's staff and Sunset Community's Medical Director or his/her designee.

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

I understand that neither this document or any offer of employment from Sunset Health Center constitutes an employment contract, unless a specific document to that effect is executed by Sunset Health Center and myself in writing.

In the event of employment, I understand that false or misleading information given in this application, or any other documents submitted with my application or interview(s) may result in immediate discharge.

I understand that I am required to abide by all rules and regulation of Sunset Community Health Center.

In signing this statement I am granting Sunset Community Health Center my permission to investigate any representations I have made on this application and to contact the individuals I have listed as references.

Applicant agrees to indemnify, defend at his or her own cost, and hold Sunset Community Health Center, Inc., and its directors, officers, employees, agents, and contractors harmless from and against any and all claims, demands, obligations, liabilities, costs, and expenses (including reasonable attorneys' fees and costs) arising out of, or in any way related to, Applicant's application, drug screening or physical(s), and background check(s); Sunset's review, consideration of, or decision on, Applicant's application, and any inquiries or requests made incident thereto; and any other act or omission of Applicant.

**Signature/Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check box confirming that you understand typing your name is considered the same as your handwritten signature.

**Additional Work History, Notes or Comments:**

*Note: Following this page there are two additional documents which need to be completed.*

**SUNSET**  
**COMMUNITY**  
**HEALTH CENTER**

**NOTICE OF INTENT TO VERIFY  
BACKGROUND INFORMATION**

In connection with my application for employment with Sunset, I understand that a consumer report may be requested that may include information as to my character, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please check box confirming that you understand typing your name is considered the same as your handwritten signature.

# **SUNSET COMMUNITY HEALTH CENTER**

## **RELEASE AUTHORIZATION**

This document authorizes this employer, or its research agent, to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment, or seeking to provide services as an independent contractor. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this release authorization in writing.

I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the client to the extent that the information given is true and accurate.

- a. Criminal conviction records in any jurisdiction;
- b. Social Security Number Trace Report;
- c. Driving record in any state;
- d. Educational and Professional Certification records in any jurisdiction;
- e. Work performance, attendance and job related information;
- f. Military Records;
- g. Credit Report.

I agree to assist in this effort by contacting former employers and asking for full exposure of my employment history.

I further understand that information obtained may be used by this employer *in its sole discretion and without liability*, to determine eligibility for initial or continued employment, to grant or deny me permission to enter in employer property, or that of its affiliated companies. I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.

I acknowledge that I have read and understand this information, that the rules governing its collection and use are pursuant to the Fair Credit Reporting Act as amended by the consumer Credit Reform Act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

This information is being verified by **SECURITECH**. Any information or questions should be directed to the following address:

SECURITECH, INC.  
8230 East Broadway, Suite E-10  
Tucson, AZ 85710  
(520) 721-0305  
Fax: (520) 721-7706

Full Name: \_\_\_\_\_

Please check box confirming that you understand typing  
your name is considered the same as your handwritten signature.

Date: \_\_\_\_\_

The following must be filled out completely for your application to be considered. Please print.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Other names by which you have been known and dates those names were used:

Home Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Driver's License Issue: \_\_\_\_\_

### **APPLICANT – DO NOT COMPLETE BELOW THIS LINE**

---

SUBSCRIBER NAME Sunset Community Health Center, Inc.

SUBSCRIBER PHONE #:928-819-8803