

APPLICATION FOR EMPLOYMENT - AXIS COMMUNITY HEALTH
4361 Railroad Avenue, Pleasanton, CA 94566 (925) 462-5544
AN EQUAL OPPORTUNITY EMPLOYER

Please Print

____/____/____ _____ _____ _____
Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address if different from present address

No. & Street City State Zip

Business Phone Home Phone Social Security Number

Employment Desired

Position applying for: _____

What days and hours are you available for work? _____

Are you available for work on weekends? Yes No

Would you be available to work overtime or evenings, if necessary? Yes No

If hired, on what date can you start work? ____/____/____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Axis Community Health? Yes No

If yes, when? _____

Do you have any friends or relatives working for Axis Community Health? Yes No

If yes, state name(s) and relationship:

Name Relationship

Why are you applying for work at Axis Community Health?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this Country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you ever been accused of violating an employer's privacy or security policies? Yes No

If so, please explain: _____

Are you currently employed? Yes No

If so, may be contact your current employer? Yes No

Education, Training and Experience

School	Name And Address	No. of Years Completed	Did you Graduate?	Degree Or Diploma
High School	Name _____ Address _____ City, State, Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ Univ.	Name _____ Address _____ City, State, Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business Other	Name _____ Address _____ City, State, Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Many of our patients/clients do not speak English. Do you speak, write or understand any foreign Languages? Yes No

If yes, which languages? _____

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited For work at Axis Community Health? Yes No

If so, explain: _____

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 or suspended? Yes No

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

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment.

Name of Employer

Telephone No.

Type of Business

Supervisor's Name

Address & Street

City

State

Zip

Date of Employment: ____ / ____ / ____
From To

Weekly Pay: _____
Starting Ending

Your Position and Duties:

Reason for Leaving : _____

May we contact this employer for a reference? Yes No

Name of Employer

Telephone No.

Type of Business

Supervisor's Name

Address & Street

City

State

Zip

Date of Employment: ____ / ____ / ____
From To

Weekly Pay: _____
Starting Ending

Your Position and Duties:

Reason for Leaving : _____

May we contact this employer for a reference? Yes No

PLEASE ATTACH ADDITIONAL PAGE(S) IF NECESSARY

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If so, please describe:

References:

List below two persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	_____	_____
First Name	Last Name	Telephone No.	
_____	_____	_____	_____
Address & Street	City	State	Zip
_____	_____		
Occupation	No. of Years Acquainted		

_____	_____	_____	_____
First Name	Last Name	Telephone No.	
_____	_____	_____	_____
Address & Street	City	State	Zip
_____	_____		
Occupation	No. of Years Acquainted		

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment 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, has personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document 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.

Initials I hereby authorize Axis Community Health 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 Axis Community Health 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 Axis Community Health, my former employers and all other 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.

Initials I understand that nothing contained in the application, or conveyed during any interview, which may be granted, during my employment, if hired, is intended to create an employment contract between Axis Community Health and me. 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, at the option of either myself or Axis Community Health, and that no promises or representations contrary to the foregoing are binding on Axis Community Health unless made in writing and signed by me and Axis Community Health's designated representative.

Date

Applicant's Signature

- Criminal convictions will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.*
- An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant's request for such information.*