

**Sonoma Valley Community Health Center**  
**APPLICATION FOR EMPLOYMENT – Please print**

Position Applying for: **Vaccine Records Clerk**

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

How did you learn about us?  Advertisement  Employment Agency  Friend  Relative  
 School/Career Center  Web-site  Walk-In  Other \_\_\_\_\_

First Name:	Last Name:	Middle Name:
Address:		City:
		State:      Zip:
Telephone:	Alternate Telephone:	e-mail:

**EMPLOYMENT HISTORY – Please begin with most recent employment**

Employer:	Supervisor	
Address:		
City:		
Phone: (      )		
From: _____ to _____ Mo/Yr                      Mo/Yr	Job Title:	Reason for Leaving:
Briefly describe job duties or <input type="checkbox"/> see resume:		May we contact for a reference? _____ Y      _____ N

Employer:	Supervisor	
Address:		
City:		
Phone: (      )		
From: _____ to _____ Mo/Yr                      Mo/Yr	Job Title:	Reason for Leaving:
Briefly describe job duties or <input type="checkbox"/> see resume		May we contact for a reference? _____ Y      _____ N

Employer:	Supervisor	
Address:		
City:		
Phone: (      )		
From: _____ to _____ Mo/Yr                      Mo/Yr	Job Title:	Reason for Leaving:
Briefly describe job duties or <input type="checkbox"/> see resume:		May we contact for a reference? _____ Y      _____ N

Please check which shift category you prefer:  Morning (8:30am-1:30)  Afternoon (1:30-6:30pm)

Days you can work:  Monday  Tuesday  Wednesday  Thursday  Friday

If hired, on what date can you start work? \_\_\_\_\_

If hired, can you present evidence of your legal right to live and work in this country?  YES  NO

*Proof of U.S. Citizenship or immigration status will be required upon employment*

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever been employed with us before?  YES  NO

Name of any acquaintances or relatives working for us: \_\_\_\_\_



### EDUCATION AND TRAINING

Name	City/State	Course of Study/Degree	Graduate?
High School:			<input type="checkbox"/> YES <input type="checkbox"/> NO
College:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Other – Military, Technical:			<input type="checkbox"/> YES <input type="checkbox"/> NO



### PROFESSIONAL REFERENCES

Please give the names of three people not related to you who have knowledge of your work performance.

Name:	Relationship/Yrs. Known	Address/Phone:
Name:	Relationship/Yrs. Known	Address/Phone:
Name:	Relationship/Yrs. Known	Address/Phone:

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Please note this is a temporary non-benefited position expected to last until June 30<sup>th</sup>, 2021.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Return to [lhines@svchc.org](mailto:lhines@svchc.org) or [jobs@svchc.org](mailto:jobs@svchc.org)

**Please read carefully, initial/sign where indicated:**

**Applicant Note:**

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. Sonoma Valley Community Health Center considers applications for a 6 month period only. If you wish to be considered after 6 months from the date of application, please reapply.

**Applicant's Statement:**

I 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, have 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.

\_\_\_\_\_  
Initial

I hereby authorize Sonoma Valley Community Health Center 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 the company 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 the company, 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.

\_\_\_\_\_  
Initial

I understand that nothing contained in the 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 the company. 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 the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Return to [lhines@svchc.org](mailto:lhines@svchc.org) or [jobs@svchc.org](mailto:jobs@svchc.org)**