

COMMUNITY HEALTH DEVELOPMENT, INC.

Application for Employment

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 PRINT)

Position Applying for:	Date of Application				
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Are you legally eligible for employment in the U.S.? Yes No

Proof of citizenship or immigration status will be required upon employment

Have you previously applied for employment with us? Yes No

Month/Year applied _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full time Part time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Do you have a valid driver's license and updated vehicle insurance? Yes No

Have you ever been convicted of a crime? *(A conviction will not necessarily disqualify you)*
 Yes No

If yes, please explain _____

Have you taken any illegal drugs within the last year? Yes No

If yes, please explain _____

We are an Equal Opportunity Employer

Education

	Name and Location of School	Course of Study	No. of Years completed	Did you Graduate? If yes list highest degree obtained
High School				
College				
Trade, Business, Correspondence School				

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities, job-related training received in the United States military and professional, trade, business or civic activities and offices held.

Employment Experience

Start with your present or last job even if you attach a resume. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Please give accurate, complete full-time and part-time employment record.	
1. Company name _____	Telephone _____
Address _____	
Supervisor's name _____	
Your job title and description of work _____	

Dates of employment: From _____ To _____ Salary/Start & Final _____	
Reason for leaving _____	
2. Company name _____	Telephone _____
Address _____	
Supervisor's name _____	
Your job title and description of work _____	

Dates of employment: From _____ To _____ Salary/Start & Final _____	
Reason for leaving _____	
3. Company name _____	Telephone _____
Address _____	
Supervisor's name _____	
Your job title and description of work _____	

Dates of employment: From _____ To _____ Salary/Start & Final _____	
Reason for leaving _____	

If additional space is needed, attach a separate sheet of paper with the information

Specialized Skills	Check Skills/Equipment Operated	
<input type="checkbox"/> Fax	<input type="checkbox"/> Multi Phone System	<input type="checkbox"/> Wordperfect
<input type="checkbox"/> Copier	<input type="checkbox"/> MS Excel	<input type="checkbox"/> Powerpoint
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS Word	<input type="checkbox"/> Office XP
<input type="checkbox"/> Typewriter wpm____	<input type="checkbox"/> MS Publisher	<input type="checkbox"/> Accounting Software
<input type="checkbox"/> Filing		
Other(s) (to include software): _____		

List 3 References not related to you:

Name	Phone Number(s)	Address
1.		
2.		
3.		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand that there is pre-employment background check and random drug testing, if hired, randomly as needed.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that in order for my application to be processed and be considered all questions must be answered completely.

Signature

Date

APPLICANT'S NAME _____

COMMUNITY HEALTH DEVELOPMENT, INC., HAS ADOPTED A POLICY ON FRATERNIZATION AND RELATIONSHIPS BETWEEN EMPLOYEES NEPOTISM. BELOW IS A LIST OF CHDI'S BOARD OF DIRECTORS AND STAFF FOR YOUR REVIEW.

PLEASE ANSWER THE FOLLOWING QUESTION:

ARE YOU RELATED IN ANY WAY TO A BOARD MEMBER OR AN EMPLOYEE OF COMMUNITY HEALTH DEVELOPMENT, INC.? _____

IF ANSWERED YES, TO WHOM, AND WHAT IS THE RELATIONSHIP?

**COMMUNITY HEALTH DEVELOPMENT, INC.
STAFF LIST**

Steven Alexander	Kim Jaquez	Ariel Sierra
Leticia Alvarez	Sylvia Jaquez	Ann Simmons
Dr. Fidelis Amadi	Christina Jimenez	Angelica Silva
Maricelia Aranda	Dora Leos	Marcie Sweat
Sulema Arredondo	Ivory Lopez	Juan Silva
Dr. Gregory Baber	Jose Lozano	Donna Stewart
Hector Blanco	Noemi Luevano	Gabriela Suarez
Roger Brown	Elizabeth Lugo	Sara Suarez
Lesley Caillet	Alice McHazlett	Nereyda Terrazas
Marisol Camacho	Triana McHazlett	Dr. David Valdez
Ramon Cano	Katherine Mancha	Carmen Valle
Teresita Cantu	Dora Martinez	Christina Velasquez
Mayela Castañon	Priscilla Martinez	Samantha Velasquez
Corky Collins	Ruben Martinez Jr.	Joe Villarreal
Felix Contreras	Natalie Moreno	Marisela Villasana
Mariann Mickey Craddock	Vicenta Moreno	Ronda Wiggins
Sylvia DeLaRosa	Souly Munoz	
Donald Diaz	Annalea Orona	BOARD OF DIRECTORS
Susana Esparza	Dr. Anthony Osei	Frances Canales
Tikimi Esparza	Dr. Diana Ozuna	Beatrice Garcia
Adriana Flores	Cynthia Page	Monica Gonzales
Amy Flores	June Parks	Amanda Hadley
Bereniz Flores	Amrish Patel	Reyes Lopez
Julia Flores	Roland Perez	Linda Massey
Beatriz Galindo	Dolores D. Quiroz	Mariano Pargas
Adriana Garcia	Blanca Ramirez	Randy Scheide
Carol Garcia	Rose M. Rangel	Anita Shackelford
Gladys Garcia	Stephanie Rangel	Gilberto Torres
Jason Garcia	Yesenia Rangel	
Alma Garza	Martha Rios	Rev: 02-01-12
Paula Gilleland	Moonbeam Rocha	
Christina Gonzales	Amelia Rodriguez	
Rachel A. Gonzales-Hanson	Barbara Rodriguez	
Sonya Gonzales	Laura Rodriguez	
Deloris Helsel	Sara Rodriguez	
Guadalupe Hernandez	Veronica Rodriguez	
Isabel Hernandez	Deena Rojero	
Thelma Hernandez	Melissa Salinas	
Danny Herndon	Rachel Servantes	