



Chicago Family Health Center
9119 S. Exchange Ave.
Chicago, IL 60617
773-768-5000
www.chicagofamilyhealth.org

APPLICATION FOR EMPLOYMENT

CHICAGO FAMILY HEALTH CENTER ("CFHC") IS AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT BASE OUR EMPLOYMENT DECISIONS ON AN EMPLOYEE'S OR APPLICANT'S RACE, SEX, AGE, RELIGION, COLOR, NATIONAL ORIGIN, CITIZENSHIP, HANDICAP OR DISABILITY, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION OR ANY OTHER BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR ANY PURPOSE PROHIBITED BY LAW.

Please Print

Date: _____

PERSONAL INFORMATION

Name _____

Address _____
Number and Street City State Zip

If less than 5 years at this address, please provide your previous address(es) for the past 5 years:

Telephone Nos. (home) _____ (work) _____
(cell) _____ (pager) _____

Are you legally eligible for employment in the United States? (If hired, you will be required to provide valid proof of your identity and current employment authorization.) Yes No

Are you less than 18 years of age? Yes No (If yes, proof of age will be required; we comply with child labor regulations.)

Have you been convicted of a crime in the past ten years, other than minor traffic violations? (Note: You are not obligated to disclose sealed or expunged records of convictions or arrests.) Yes No

If yes, describe in full:

(Note: The nature of the offense, the date, the surrounding circumstances and the relevance to the position applied for will be considered. Please write on the back or on additional pages if necessary.)

Referred by: Current Employee _____ Name Newspaper Ad _____ Newspaper Name
 Agency _____ Name Other _____ Name

EMPLOYMENT DESIRED

Position(s) applied for: _____

Salary Desired: _____

Are you applying for: Regular Full-time Work Regular Part-time Work Temporary Work

If hired, on what date can you start work? _____

Have you applied for employment with CFHC before? Yes No. If yes, date: _____

Have you worked with CFHC in the past? Yes No. If yes, dates employed: _____

Job Duties: _____ Reason for leaving: _____

Do you know anyone currently working for CFHC? Yes No If yes, please state name and relationship:

Have you served in the United States Military? Yes No. If so, what branch? _____

Describe any special military training you had: _____

Describe the abilities, experience, skills, achievements, etc., which particularly qualify you for the position you are seeking:

EMPLOYMENT HISTORY

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

Please provide the following information concerning each of your employers, starting with your present or most recent position. If you do not have enough space, please write on the back or on additional pages.

<i>DATES</i>	<i>COMPANY NAME, ADDRESS & PHONE</i>	<i>JOB TITLE & JOB DUTIES</i>	<i>NAME OF SU- Pervisor</i>	<i>MOST RECENT SALARY</i>	<i>REASON FOR LEAVING</i>

Name under which employed (if different from current): _____

If there have been any gaps in your employment during the last ten years, please provide details in the space provided here:

EDUCATIONAL BACKGROUND

<i>SCHOOL</i>	<i>NAME & LOCATION</i>	<i>NO. OF YEARS ATTENDED</i>	<i>MAJOR OR SUBJECTS STUDIED; DEGREE</i>	<i>DID YOU GRADUATE?</i>
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO
TECHNICAL SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/ UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO

Name used when attending school (if different from current): _____

IF YOU ARE APPLYING FOR A CLERICAL POSITION, PLEASE COMPLETE THE FOLLOWING:

Present typing speed: _____ words per minute

Please state the approximate time you have had practical experience in the following skills (if none, leave blank):

Typewriter _____ Switchboard _____ Medical Records _____

Microsoft Word _____ PowerPoint _____ Excel _____

WordPerfect _____ Lotus 1-2-3 _____ Other _____

REFERENCES

Please list three people, who are not related to you and who are not previous supervisors, that you have known for at least one year, and whom we may contact as additional references.

<i>NAME</i>	<i>RELATIONSHIP</i>	<i>YEARS KNOWN</i>	<i>PHONE NO.</i>	<i>ADDRESS</i>

Please provide any additional information that you believe would assist us in making our decision whether to hire you:

APPLICANT'S STATEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions or misrepresentations on this application or made during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by CHICAGO FAMILY HEALTH CENTER ("CFHC"). I also understand and agree that all information is subject to verification.

I hereby authorize CFHC to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment, and further authorize my former employers and any third party to disclose to CFHC all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release CFHC, all former employers, all third parties making any such disclosure, and all references listed above, from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I hereby authorize CFHC and any consumer or credit reporting agency or bureau employed by CFHC to make a consumer credit report in connection with this application.

I understand that if I receive an offer of employment, it will be conditioned on my taking a drug/alcohol test, and a physical examination. I further understand that, should this test indicate the presence of drugs in my system or that I am under the influence of alcohol, it may result in the rejection of my application for employment or my immediate discharge, if detected, discovered or reported after hire. I consent to this testing and examination and request that the results of such test(s) and examination be disclosed to CFHC and I hereby release CFHC, its employees and its agents from any and all legal liability flowing from my taking such test(s) and examination or my failure or refusal to take such test(s) or examination.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I further agree that if I am hired, and unless I am subject to a separate written agreement signed by a properly authorized official of CFHC specifically providing otherwise, my employment is for no definite period and may be terminated at any time, without prior notice, at the option of either myself or CFHC. I further understand that no representative of CFHC has the authority to make any assurances to the contrary.

I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.

If hired, I agree to abide by all CFHC work rules, policies and procedures relating to work performance and conduct.

I understand that CFHC will consider this application only if there is a position currently open, and that I will have to complete a new application if I want to be considered for employment after that period of time.

Signature of Applicant _____ Date _____