



CAMBRIA COMMUNITY HEALTHCARE DISTRICT

EMPLOYMENT APPLICATION

NAME: _____

ADDRESS: _____

POSITION DESIRED: _____

FULL-TIME RESERVE

DRIVERS LICENSE _____

EMAIL ADDRESS: _____

HOME #: _____

CELL #: _____

DATE AVAILABLE: _____

EDUCATION

LEVEL	SCHOOL NAME AND LOCATION	GRAD Y/N	SUBJECT/DEGREE/CERTIFICATIONS
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

FORMER EMPLOYER (List your last 4 Employers, Starting with the most recent first)

DATE Month/ Year	EMPLOYER NAME AND ADDRESS	POSITION	SALARY	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES

PLEASE LIST IN THE FOLLOWING BOXES THREE PEOPLE NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	EMAIL OR MAILING ADDRESS	PHONE	YEARS KNOWN

EXPERIENCE PLEASE DESCRIBE BELOW ANY SKILLS OR ADDITIONAL QUALIFICATIONS YOU HAVE

GENERAL INFORMATION

DO YOU SPEAK ANY FOREIGN LANGUAGES?

HAVE EVER WORKED FOR AN EMPLOYER WHO PROVIDED PUBLIC EMPLOYEE RETIREMENT (PERS) BENEFITS? YES NO

IF YES PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR DISABILITIES THAT COULD PREVENT YOU FROM PERFORMING THE DUTIES ASSOCIATED WITH THIS POSITION? YES NO

IF YES PLEASE EXPLAIN:

ADDITIONAL COMMENTS:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION, FALSIFICATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND THAT THE USE OF THIS FORM DOES NOT INDICATE THERE ARE ANY POSITIONS OPEN AND DOES NOT IN ANY WAY OBLIGATE THIS AGENCY

SIGNATURE:

DATE:

DO NOT WRITE BELOW THIS LINE

DATE OF HIRE:	POSITION
STARTING PAY SCHEDULE:	EMPLOYEE NUMBER:
APPROVED:	
ADMINISTRATOR	