



# California Health Collaborative

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An Equal Opportunity Employer

**Please Print**

\_\_\_\_\_

Date

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle

**Present Address**

\_\_\_\_\_

No. & Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

**Permanent Address (if different from present address)**

\_\_\_\_\_

No. & Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Business Phone

\_\_\_\_\_

Home Phone

**Employment Desired**

Position applying for: \_\_\_\_\_

**Personal Information**

How did you hear about our company and this job opening? \_\_\_\_\_

Have you ever applied to or worked for California Health Collaborative before?

Yes  No

If yes, when? \_\_\_\_\_

Why are you applying for work at California Health Collaborative?

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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

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.

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(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.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

### Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	_____			
	Address			
	_____			
	City	State	Zip Code	
<b>College/ University</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	_____			
	Address			
	_____			
	City	State	Zip Code	



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Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

Note: Attach additional page(s) if necessary.

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### References

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

First Name

Last Name

Phone Number

Address & Street

City

State

Zip Code

Occupation

No. of Years Acquainted

First Name

Last Name

Phone Number

Address & Street

City

State

Zip Code

Occupation

No. of Years Acquainted

First Name

Last Name

Phone Number

Address & Street

City

State

Zip Code

Occupation

No. of Years Acquainted

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**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, 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.

\_\_\_\_\_  
Initials

I hereby authorize California Health Collaborative to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I 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.

\_\_\_\_\_  
Initials

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.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

**The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature