

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

MIDDLE

FIRST

LAST

# Desert Senita Community Health Center

## EMPLOYMENT APPLICATION

Thank you for your interest in employment with Desert Senita Community Health Center. We ask that you answer the following questions in order that we may fully evaluate your application. Federal and State laws prohibit discrimination in employment on the basis of race, color, religion, sex, ancestry, age, handicap, disability, national origin, or veteran status. Desert Senita Community Health Center is an Equal Opportunity Employer committed to employing a diverse workforce who can effectively respond to a diverse community.

**PLEASE TYPE OR PRINT**

**PERSONAL DATA**

NAME:	Last Name _____	First Name _____	Middle Name _____
PRESENT ADDRESS:	Number and Street _____	City _____	State _____ Zip Code _____
Do you have a legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Social Security Number:	Home Phone: _____	Message Phone: _____	
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details including date, courthouse, nature of crime and disposition.	
In case of emergency notify:			
Name:	_____		Relationship _____
Address:			
Number	Street	City	State Zip Code Telephone

**POSITION APPLYING FOR**

For what position(s) are you applying: 1. _____ 2. _____ 3. _____	Status of work seeking: Full Time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> Per diem (Unbenefitted) <input type="checkbox"/>
Date available for work: _____	
How were you referred to Desert Senita Community Health Center? _____	

**NURSING APPLICANTS ONLY**

Check one if applicable: Registered Nurse <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/>		Has your license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Have you ever been disciplined by any state board? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Basic Nuring Program	Date of Graduation: _____	Current License Number: _____	
Associate Degree	_____	State: _____	
Diploma	_____	Other states registered: _____	
B.S.N.	_____		
Other	_____		

**FOR PROFESSIONAL REGISTERED APPLICANTS ONLY**

Registration Title _____	Registration _____	Arizona <input type="checkbox"/>
Is your license current? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number _____	National <input type="checkbox"/>
Has your license or certification ever been suspended or revoked? Yes <input type="checkbox"/> Why? _____ No <input type="checkbox"/>	Other states registered _____	
	Expiration date _____	
	Have you ever been disciplined by any state board? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**EDUCATION**

<b>Elementary or High School</b>	(Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12	Name of School: _____
	City: _____	State: _____
<b>College or University</b>	Dates attended: _____	Degree: Yes <input type="checkbox"/> Type: _____ No <input type="checkbox"/>
	Name of School: _____	Major: _____
	Address: _____	
	City: _____ State: _____ Zip: _____	
<b>Business or Vocational</b>	Name of School: _____	Completed Program? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address: _____	Dates Attended: _____
	City: _____ State: _____ Zip: _____	
	Type of training: _____	
	Other job related experiences and activities: _____	

