



Clinicas del Camino Real, Incorporated  
 200 S. Wells Road, Suite 200  
 Ventura, CA 93004  
 Phone: 805.659.1740  
 Fax: 805.659.3217  
 Website: www.clinicas.org

# APPLICATION FOR EMPLOYMENT

*Notice to Applicants and Employees:  
 Screening tests for alcohol or illegal drug use may be required  
 before hiring and during your employment here.*

## Personal Information

Last Name	First Name	Middle Initial	Date
Other names by which you have been known.		Social Security Number	
Current Street Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	
Position Desired	Status Desired (i.e. Full-Time, Part-Time, Temp, On-Call)	Earnings Expected	Date Available

If you are not a citizen of the United States, are you eligible to work in the U.S. and would you be able to provide the necessary documents of proof of your legal right to work upon hire?  Yes  No

Have you ever been convicted for a crime other than minor traffic violations\*?  Yes  No

If "Yes", please state particulars.

\*Record of conviction does not constitute an automatic bar to employment consideration. Do not respond yes concerning the following: arrests or detentions that did not result in conviction; arrests involving successful completion of pretrial or post-trial diversion programs; marijuana convictions more than two years old; convictions that have been legally sealed, expunged or statutorily eradicated; misdemeanor convictions for which probation has been successfully completed or discharged.

How were you referred to Clinicas? \_\_\_\_\_ Name of relatives/friends employed by Clinicas \_\_\_\_\_

Have you applied to or been employed by Clinicas previously?  Yes  No If "Yes" state when. \_\_\_\_\_

## Education

Name and location of High School, College(s), Graduate School(s)	Highest Grade Completed	Major Subjects	Class Standing or Grade Avg	Degree Earned

Additional education, vocational, professional, military, or other:

## Professional

Type of License	State Issued	Date Issued	Expiration Date	Number

List computer software and hardware, lab, technical equipment, office or other machines you can operate:

Typing words per minute:	Other skills (i.e. bi-lingual, etc.):
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**Employment History**

*Please list most recent employer first. For additional employment information, please attach separate sheet.*

1. Company Name		Nature of Business	Supervisor's Name
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address, City, State, Zip		Phone Number	May we contact employer?
Starting Job Title	Final Job Title	Starting Pay	Ending Pay
Job Duties			
Dates employed – From (mo/yr)		To (mo/yr)	Reason for Leaving

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2. Company Name		Nature of Business	Supervisor's Name
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address, City, State, Zip		Phone Number	May we contact employer?
Starting Job Title	Final Job Title	Starting Pay	Ending Pay
Job Duties			
Dates employed – From (mo/yr)		To (mo/yr)	Reason for Leaving

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3. Company Name		Nature of Business	Supervisor's Name
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address, City, State, Zip		Phone Number	May we contact employer?
Starting Job Title	Final Job Title	Starting Pay	Ending Pay
Job Duties			
Dates employed – From (mo/yr)		To (mo/yr)	Reason for Leaving

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4. Company Name		Nature of Business	Supervisor's Name
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address, City, State, Zip		Phone Number	May we contact employer?
Starting Job Title	Final Job Title	Starting Pay	Ending Pay
Job Duties			
Dates employed – From (mo/yr)		To (mo/yr)	Reason for Leaving

**References (Persons Other Than Relatives Familiar With Your Work)**

Name	How Associated With You	Occupation	Phone Number

The information on the application is complete, true and accurate. I understand that the information provided is subject to investigation and that any misleading or incorrect statements may render my application void or become cause for discharge if I am employed.

Employment with Clinicas del Camino Real, Inc. is At-Will and may be terminated without cause by either party at any time.

I hereby acknowledge that I have read and agree to the above statements. \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date



## EEO SELF-IDENTIFICATION FORM

Clinicas del Camino Real, Incorporated (Clinicas) is an equal opportunity employer. It is the policy of Clinicas to provide equal employment opportunity to all qualified applicants for employment without regard to personal characteristics, including race, color, religion, national origin, gender, sexual orientation, age, veteran status, or disability.

Completing this form is **voluntary** and in no way affects the decision regarding your application for employment. This form is confidential and we will maintain it separately from your application form.

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**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position for which you applied:** \_\_\_\_\_

**Sex** (check one):

- Male  
 Female

**Race** (check one):

- Hispanic or Latino  
 White (Not Hispanic or Latino)  
 Black or African American (Not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)  
 Asian (Not Hispanic or Latino)  
 American Indian or Alaska Native (Not Hispanic or Latino)  
 Two or More Races (Not Hispanic or Latino)

**Are you a veteran?**

- Yes  
 No