



Application for Employment

Important: This application is considered a legal document and must be completed in full

Please do not write "see resume".

Applicant Data

Last Name

First Name

Middle Initial

Street Address

City

State

Zip

Phone Number I

Phone Number II

Other

Email Address

Eligibility for Employment

☐ Yes ☐ No Are you 18 years of age or older?

☐ Yes ☐ No Are you legally eligible for employment in the United States?

Any offer of employment is contingent upon your completing the Employment Eligibility Verification Form (I-9) and providing documents to verify your identity and employment eligibility as required by law. When completing the I-9, you will be required to attest that you are a citizen or national of the U.S., a lawful permanent resident or an alien authorized to work.

☐ Yes ☐ No Is there anything that will prevent you from performing the essential functions of the position or positions for which you are applying with or without reasonable accommodation? If so, please explain.

Employment Application

Job Title (position applying for)

How did you learn about Coast Community Health Center and this opening?

Skills & Qualifications - Summarize special skills and qualifications you possess that may qualify you to perform this job at Coast Community Health Center. List any accomplishments, non-medical certifications and/or awards to be included in the applicant selection process.

Employment History (list most recent employment first)

Employer Name

Job Title

Address

City

State

Zip

Dates of Employment

Supervisor/Manager

May we Contact as a Reference?

From

To

☐ Yes

☐ No

Telephone

Email Address

Employment History

Employer Name

Job Title

Address

City

State

Zip

Dates of Employment

Supervisor/Manager

May we Contact as a Reference?

From

To

☐ Yes

☐ No

Telephone

Email Address

Employment History

Employer Name

Job Title

Address

City

State

Zip

Dates of Employment

Supervisor/Manager

May we Contact as a Reference?

From

To

☐ Yes

☐ No

Telephone

Email Address

Employment History

Employer Name

Job Title

Address

City

State

Zip

Dates of Employment

Supervisor/Manager

May we Contact as a Reference?

From

To

☐ Yes

☐ No

Telephone Email Address

Education (High School)

Official Name of Educational Institution

Address

City

State

Zip

Degree Awarded:

☐ High School Diploma

☐ GED

☐ Non-US/CA Secondary Certificate

☐ Did Not Graduate

Areas of Concentration:

College / University (Undergraduate)

Official Name of Undergraduate School

Address

City

State

Zip

Country

Date Started

Date Ended

Degree Awarded:

Did you Complete Undergraduate Education at this school?

☐ Yes

☐ No

College / University (Undergraduate)

Official Name of Undergraduate School

Address

City

State

Zip

Country

Date Started

Date Ended

Degree Awarded:

Did you Complete Undergraduate Education at this school?

☐ Yes ☐ No

Post Graduate College or University

Official Name of Post-Graduate School

Address

City

State

Zip

Country

Date Started

Date Ended

Degree Awarded:

Did you Complete Post-Graduate Education at this school?

☐ Yes ☐ No

Post Graduate College or University

Official Name of Post-Graduate School

Address

City

State

Zip

Country

Date Started

Date Ended

Degree Awarded:

Did you Complete Post-Graduate Education at this school?

☐ Yes ☐ No

During the final stages of the applicant selection process, CCHC may contact employment references. All reference questions will be related to the knowledge, skills, and abilities required for the specific job vacancy. References will not be contacted until CCHC has a signed Application for Employment Form.

References- *List three (3) references who would have current and first-hand knowledge of your capabilities relating to the basic qualifications and/or essential duties and responsibilities of the job vacancy.*

Employer	Reference Name	Relationship
City	State	Zip
Phone I	Phone II	
Email Address		
Notes		

References

Employer	Reference Name	Relationship
City	State	Zip
Phone I	Phone II	
Email Address		
Notes		

References

Employer	Reference Name	Relationship
City	State	Zip
Phone I	Phone II	
Email Address		
Notes		

Please list any Training, Workshops, Volunteer Experiences below:

Other Qualifications

Please leave this section blank if the specific job you are applying to does not require licensure or certification.

Please complete the following section(s) relating to basic qualifications listed in the job listing.

Licensure

Licensure and State	License #	Active Y/N	Expiration Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Certifications & Credentials

Type	Award Date	Expiration Date

Professional / Medical Specialty Information

Specialty	Board Eligible	<input type="checkbox"/> Exam Pending <input type="checkbox"/> Results Pending	Board Certified
		<input type="checkbox"/> Exam Pending <input type="checkbox"/> Results Pending	
		<input type="checkbox"/> Exam Pending <input type="checkbox"/> Results Pending	
		<input type="checkbox"/> Exam Pending <input type="checkbox"/> Results Pending	

Non-Discrimination Policy

CCHC IS AN EQUAL OPPORTUNITY EMPLOYER

CCHC is an equal opportunity employer. It is our policy to comply with all applicable federal and state laws related to fair employment practices. To the extent required by these laws, CCHC does not discriminate in its employment decisions on the basis of race, color, ancestry, religion, gender, gender identity, age, marital/civil union status, national origin, sexual orientation, place of birth, military or veteran status, disability, genetic information having a positive test result on an HIV related blood test or other legally-protected classification. CCHC will provide reasonable accommodations for disabled individuals in compliance with applicable state and federal laws.



Read this section thoroughly and carefully; then sign and date below:

I hereby certify that all information written in this application or given to the interviewer by me is true and accurate. I understand that, if employed, and any of this information is found to be false, then this alone may be cause for cancelation of this application or termination of my employment, if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Coast Community Health Center reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Coast Community Health Center has the authority to make any assurances to the contrary of this At-Will Employment relationship. I also understand that my work schedule and duties are subject to change based upon the needs of the Coast Community Health Center and that any grievance with regard to matters of employment will be handled in accordance with the Coast Community Health Center Grievance Procedure contained in the Employee Handbook.

I hereby authorize Coast Community Health Center to contact any/all of my previous employers and references for full information about me, unless otherwise noted on the "May be Contacted" box of each previous employer listed on this application. I hereby authorize my previous employers to release such information and release from liability all persons, corporations, or organizations for furnishing such information.

Signature of Applicant:

Date:

Coast Community Health Center reviews all the applications carefully and contacts only those applicants selected for an interview. Thank you for your interest in employment with Coast Community Health Center.

Completed Applications should be e-mailed to: lindam@coastcommunityhealth.org
Mailed to: Coast Community Health Center
Attn: Human Resources
1010 SE First Street, Suite 110, Bandon, Oregon 97411
Ph (541)347-2529; Fax (541)347-9196