



Your Health Our Mission
Serving the Southern Oregon Coast

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 or 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 or 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 or 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 or 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.



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

I understand, if hired, my offer of employment and continued employment may be contingent upon my successful passing of: a criminal background check which may include checks of the elder abuse registry, child abuse and neglect registry, federal registry, or any other background checks required by law or Coast Community Health Center; and my continued eligibility to participate in Federal health care programs. I further agree to provide updates to these background checks as requested by Coast Community Health Center and to execute such releases or other documents as may be necessary to conduct these background checks and understand all of these checks can be conducted with any/all states that I have resided within.

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 cancellation 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.

I also do hereby attest and affirm by my signature below that I have not been convicted of a criminal offense related to health care or debarred, excluded, or otherwise deemed ineligible for participation in health care programs such as Medicare or Medicaid. I understand that I am required to immediately report to Coast Community Health Center any conviction of an offense that would preclude employment in a health care setting or otherwise excludes me from participation in any Federal health care program such as Medicare and Medicaid. In addition, I understand that if Coast Community Health Center obtains notice that I am charged with a criminal offense related to the delivery of health care services or otherwise proposed for exclusion, Coast Community Health Center will take all necessary steps to ensure that my responsibilities do not adversely affect the quality of care rendered to any patient or the accuracy of claims submitted to any Federal health care program. If resolution of the matter results in conviction, debarment or exclusion, I understand Coast Community Health Center will terminate my At-Will employment.

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 cecilees@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