

FOR OFFICE USE ONLY:



CHARLES DREW HEALTH CENTER, INC.

2915 GRANT STREET
OMAHA, NE 68111

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Date _____

Name _____
Last Name First Name

M.I.

Present Address _____
Street Address City State

Zip Code

Telephone _____
(Home) (Alternate)

Social Security Number _____ Are you over the age of 16? Yes _____ No _____

Are you legally eligible to work in the country? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If "yes", please indicate the nature and date(s) of

the conviction(s) _____

Convictions will not necessarily be a bar to employment. Convictions will be considered in relation to the position for which you applied.

Driver's License # _____ State _____

Please provide if driving is essential to the position for which you are applying.

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify and enable you to perform job-related functions in the position for which you are applying.

EMPLOYMENT INFORMATION

Position for which you are applying _____

How did you hear of Charles Drew Health Center or this position? _____

List the names and the relationships of relatives and/or friends employed by CDHC _____

Type of employment desired? _____ Full -Time _____ Part- Time _____ Temporary

Date available for employment _____

If employed, are you available to work overtime and/or weekends? Yes _____ No _____

What is your salary requirement? \$ _____ annually _____ monthly _____ hourly

List your last four (4) positions, including summer, temporary or part-time work. Begin with your present or most recent employment:

Agency or Company _____

Address _____ Telephone _____

Job Title _____ Supervisor/Title _____

Dates employed _____ to _____ Salary/Hourly Rate \$ _____ Starting \$ _____ Ending _____

Summarize Job Responsibilities: _____

Reason for Leaving _____

May we contact this employer? _____ YES _____ NO If "no", why? _____

Agency or Company _____

Address _____ Telephone _____

Job Title _____ Supervisor/Title _____

Dates employed _____ to _____ Salary/Hourly Rate \$ _____ Starting \$ _____ Ending _____

Summarize Job Responsibilities: _____

Reason for Leaving _____

May we contact this employer? _____ YES _____ NO If "no", why? _____

Agency or Company _____

Address _____ Telephone _____

Job Title _____ Supervisor/Title _____

Dates employed _____ to _____ Salary/Hourly Rate \$ _____ Starting \$ _____ Ending _____

Summarize Job Responsibilities: _____

Reason for Leaving _____

May we contact this employer? _____ YES _____ NO If "no", why? _____

EMPLOYMENT INFORMATION CONTINUED:

Agency or Company _____

Address _____

Telephone _____

Job Title _____

Supervisor/Title _____

Dates employed _____ to _____

Salary/Hourly Rate \$ _____

Starting \$ _____

Ending _____

Summarize Job Responsibilities: _____

Reason for Leaving _____

May we contact this employer? _____

YES _____

NO If "no", why? _____

Have you ever been discharged or requested to resign from any position? _____

YES _____

NO (if "yes", explain) _____

EDUCATION

Most recent High School _____

Name _____

Address _____

Dates Attended _____

to _____

Graduate? _____

G.E.D.? _____

Overall GPA _____

Honors, awards, clubs, positions held, etc. _____

Major courses and/or subjects of specialization taken _____

College or University _____

Name _____

Address _____

Dates Attended _____

to _____

Graduate? _____

Major _____

Minor _____

Degrees _____

Overall GPA _____

Credits earned in Major field (if applicable) _____

Honors, awards, clubs, positions held, etc. _____

Major courses and/or subjects of specialization taken _____

EDUCATION INFORMATION CONTINUED:

Commercial or Trade School

Name Address

Dates Attended to Graduate? Major Minor

Degrees Overall GPA Credits earned in Major field (if applicable)

Honors, awards, clubs, positions held, etc.

Major courses and/or subjects of specialization taken

Other Education

Name Address

Dates Attended to Graduate? Major Minor

Degrees Overall GPA Credits earned in Major field (if applicable)

Major courses and/or subjects of specialization taken

REFERENCES

Table with 4 columns: NAME, OCCUPATION, TELEPHONE, YEARS KNOWN. Contains 3 numbered rows for reference entries.

I understand that if hired, I will be expected to take and pass a drug screening and medical examination. Charles Drew Health Center assumes financial responsibility for the drug screen and the medical examination. Any misrepresentation on this application will be sufficient cause for cancellation of this application or immediate discharge from employment, whenever it is discovered. I understand that if I am hired, I will be required to provide proof of identify and legal work authorization.

I give Charles Drew Health Center the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Charles Drew Health Center and its representatives for seeking, gathering and using such information and all other persons, corporations or organization for furnishing such information.

Charles Drew Health Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local, state or federal law.

If hired, I understand that I am free to resign at any time, with or without cause, with proper notice, as outlined in the Charles Drew Health Center Personnel Policies. Charles Drew Health Center reserves the same right to terminate my employment. I understand that no representative of Charles Drew Health Center, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant Date



CHARLES DREW HEALTH CENTER, INC.
2915 Grant Street
Omaha, NE 68111

Application Data Record

It is CDHC policy to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job without regard to age, sex, race, color, religion, creed, national origin, veteran or marital status and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete this Application Data Record. The completion of this form is voluntary.

This data record will be kept in a confidential file separate from the Application of Employment.

Position Applied For: _____

Date of Application: _____

Referral Source:

- | | |
|---|--|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> CDHC Employee |
| <input type="checkbox"/> School/Educational Institution | <input type="checkbox"/> Other |

Name of Source (if applicable): _____

Check One:

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

Check One:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

Check Any That Apply:

- | | |
|--|--|
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Disabled Individual |
| <input type="checkbox"/> Vietnam Era Veteran | |