



Samuel Dixon
Family Health Centers, Inc.

EMPLOYMENT APPLICATION

*An Equal Employment
Opportunity Employer*

Please Return To:

Samuel Dixon Family Health Centers, Inc.
25115 Avenue Stanford A-104
Valencia, CA 91355

Please fill out all sections of this form completely. **This application and all attachments (resumes, certificates, etc.) become property of the Samuel Dixon Family Health Centers, Inc. and cannot be returned to the applicant.**

DATE: _____

1. **JOB APPLICATION FOR:** _____
(Show the exact job title for which you are applying. Use a separate application form for each job that you are seeking.)

2. **NAME** _____

3. **HOME ADDRESS** _____

_____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Other names you have worked under _____

4. **DATE OF BIRTH** _____ / _____ / _____
Month Day Year

5. **SOCIAL SECURITY NUMBER** _____

6. **DO YOU HAVE RELATIVES WORKING AT SDFHC?** ☐ YES ☐ NO
A "yes" answer is not an automatic bar to employment.

7. **REASONABLE ACCOMMODATIONS –**
As it has been described in the job announcement, will you require any special accommodation to either participate in the selection process or to perform the duties of the position for which you are applying? ☐ YES ☐ NO
If yes, what reasonable accommodations would be necessary to assist you in this area?

8. **DRIVER'S LICENSE** – Do you have a valid driver's license? ☐ YES ☐ NO
If yes, give state and license number.

_____ State _____ License Number _____

EDUCATION AND TRAINING SUMMARY

9. Have you graduated from high school or do you have a G.E.D.? ☐ YES ☐ NO
If no, list highest grade you have completed: _____

10. Give information for additional education after High School.

COLLEGE OR VOCATIONAL SCHOOLS	MAJOR AREA OF STUDY	UNITS COMPLETED	DIPLOMAS/ DEGREES
NAME AND ADDRESS			

11. **EXPERIENCE** – Begin with your present or most recent job – List all jobs separately, including on-the-job training, voluntary work, and military experience. Please account for any periods of unemployment or self-employment. Additional pages or a resume may be attached. **NOTE: FAILURE TO COMPLETE THIS FORM THOROUGHLY (INCLUDING USING "SEE RESUME") COULD RESULT IN REJECTION DURING THE SELECTION PROCESS.**

DATES OF EMPLOYMENT	OCCUPATION, DESCRIPTION OF DUTIES PERFORMED, AND NUMBER OF PEOPLE SUPERVISED	ORGANIZATIONS, ADDRESS, YOUR REASON FOR LEAVING THIS EMPLOYER
From ____/____/____ mo. yr. To ____/____/____ mo. yr. Hours per Week _____	Your Title: _____ Your Duties: _____ _____ _____ _____ Number of People You Supervised _____	Organization: _____ Address: _____ City/State: _____ Phone Number: _____ Supervisor's Name: _____ Reason for Leaving: _____ _____
From ____/____/____ mo. yr. To ____/____/____ mo. yr. Hours per Week _____	Your Title: _____ Your Duties: _____ _____ _____ _____ Number of People You Supervised _____	Organization: _____ Address: _____ City/State: _____ Phone Number: _____ Supervisor's Name: _____ Reason for Leaving: _____ _____
From ____/____/____ mo. yr. To ____/____/____ mo. yr. Hours per Week _____	Your Title: _____ Your Duties: _____ _____ _____ _____ Number of People You Supervised _____	Organization: _____ Address: _____ City/State: _____ Phone Number: _____ Supervisor's Name: _____ Reason for Leaving: _____ _____
From ____/____/____ mo. yr. To ____/____/____ mo. yr. Hours per Week _____	Your Title: _____ Your Duties: _____ _____ _____ _____ Number of People You Supervised _____	Organization: _____ Address: _____ City/State: _____ Phone Number: _____ Supervisor's Name: _____ Reason for Leaving: _____ _____

12. May we contact your present employer? ☐ YES ☐ NO

13. Use space below for additional explanation including additional skills, knowledge and abilities:

14. Please list the names of 3 references whom we may contact:

(1) Name: _____ Phone Number: _____

Address: _____
Street Address City State Zip

(2) Name: _____ Phone Number: _____

Address: _____
Street Address City State Zip

(3) Name: _____ Phone Number: _____

Address: _____
Street Address City State Zip

14. If you possess a license or certificate that is a requirement for the position for which you are applying, please provide the following information:

Title: _____ License/Certificate Number: _____

Issue Date: _____ Expiration Date: _____

16. **PROFESSIONAL OR TECHNICAL ASSOCIATIONS** – List your membership in any association if related to the job for which you are applying:

17. **BILINGUAL ABILITY** – Indicate your level of ability in a language other than English:

Languages	Speak	Read	Write
_____	_____	_____	_____
_____	_____	_____	_____

18. **CLERICAL SKILLS** – Typing WPM: _____

19. **COMPUTER SKILLS** - List the computer programs in which you are proficient:

20. **OTHER** _____

21. False statements or omissions are causes for rejection of application, removal from eligibility list, suspension or dismissal. By signing this application you authorize the Samuel Dixon Family Health Centers, Inc. to make necessary background investigations. All offers of regular employment with the Samuel Dixon Family Health Centers, Inc. are made contingent upon receipt of proof of legal right to work in the United States and successful completion of a post-offer physical, which includes a drug screen. The Samuel Dixon Family Health Centers, Inc. maintains a smoke-free and drug-free workplace.

I acknowledge that I have read and understand all of the information provided to me on this application form and that the answers I have provided are accurate to the best of my knowledge.

SIGNATURE _____ **DATE** _____

SAMUEL DIXON FAMILY HEALTH CENTERS, INC.

The following information is requested by State and Federal Agencies. This form will be removed from your employment application and kept separate and confidential. Your cooperation in volunteering this information is appreciated.

ETHNIC BACKGROUND: (Check one only)

- ☐ WHITE (not Hispanic origin) – all persons having origins in any of the original peoples of Europe, North America, or the Middle East.
- ☐ AFRICIAN AMERICAN (not of Hispanic origin) – all persons having origins in any of the Black racial groups of Africa.
- ☐ HISPANIC – all person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- ☐ ASIAN OR PACIFIC ISLANDER – all persons having origins in any of the original people of the Far East, Southeast Asia, or Indian sub-continent, or the Pacific Islands.
- ☐ AMERICAN INDIAN OR ALASKAN NATIVE – all persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

SEX:

- ☐ Male
- ☐ Female

RECRUITMENT SURVEY

Position you are applying for: _____

I LEARNED OF THIS POSITION THROUGH THE FOLLOWING SOURCES:

- ☐ Newspaper (please specify) _____
- ☐ Friend or relative who works for SDFHC _____
- ☐ Word-of-mouth, non SDFHC employee _____
- ☐ Newsletter or other (please specify) _____
- ☐ Announcement at meeting (please specify which organization) _____
- ☐ Community agency or school (please specify which organization) _____
- ☐ E.D.D. (please specify which office) _____
- ☐ Internet (please specify) _____
- ☐ SDFHC Website _____
- ☐ Other (please specify) _____