

SUN LIFE FAMILY HEALTH CENTER

865 N. Arizola Rd.

Casa Grande, AZ 85222

PO Box 10097

Casa Grande, AZ 85230

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

Personal Information

Date _____ Social Security Number _____

Name: _____

Last

First

Middle

Present Address _____

Street

City

State

Zip

Permanent Address: _____

Street

City

State

Zip

Contact Numbers _____

Home Phone

Work Phone

Message Phone

E-mail

How did you hear about this position?

Employment Desired

Position _____ Date You Can Start _____ Salary Desired _____

Are you employed now? Yes / No

If so, may we contact your current employer?

Yes / No

Have you worked for this Company before? Position held: _____ Dates: _____

Have you ever been charged with, or convicted of a felony? Yes / No

If yes, please explain (A yes response does not necessarily disqualify applicant from employment)

Are you bilingual? (English/Spanish) Yes / No**Education**

Name and Location of School	Circle Last Year Completed	Did You Graduate	Subjects Studied and Degree (s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special skills/subjects of special study/research or research work _____

Activities: (exclude organization, the name or character of which indicates the race, age, sex, color or national origin of its members.)

FORMER EMPLOYERS (List below your last four employers, starting with your most recent employer)

Date Month and Year	Name, Address & Phone # of Employer	Salary	Position/Title	Reason For Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES List below the names of three persons, not related to you, whom you have known at least one year

Name	Address & Phone Number	Business	Years Acquainted

PHYSICAL RECORD (This question is voluntary and the answer will be kept confidential).

Do you have any physical condition that may limit your ability to perform the duties of the job for which you have applied? _____

I authorize investigation of all statements contained in this application. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I have been hired. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that: 1) Sun Life Family Health Center will request a drug screen as part of the qualification process for employment, and 2) my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

APPLICANT: _____

SOCIAL SECURITY #: _____

The applicant named above has applied for a position with Sun Life Family Health Center.

I certify that the information given in my application for employment with Sun Life Family Health Center is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I have been hired.

I authorize any person, organization or company listed in my application to give all information concerning my previous employment, education, or qualifications for employment. I release all such parties from all liability. I also authorize Sun Life Family Health Center to receive such information.

I acknowledge that my employment may be terminated, or offer of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company and myself.

Signature

Date