Castle Family Health Centers, Inc.

3605 Hospital Road • Atwater, CA 95301
(209) 381-2000

BBB ACCREDITED BUSINESS

EMPLOYMENT APPLICATION

All applications will be kept on file for a period of one year. Every time a job opening occurs it will be offered to the employees of CASTLE FAMILY HEALTH CENTERS first. Should we not find a qualified applicant, the active application file will be reviewed.

Applications will be examined monthly and all "expired" applications will be removed. If an applicant updates his or her application, the one-year period will re-start.

visit us at http://cfhc.care/

YouTube

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APPLICATION FOR EMPLOYMENT

Position Applying For:_____ Date: _____

PERSONAL INFORMATION

Last Name	First Name	MI	Phone Number

Present Street Address	City	State	Zip

Emergency contact name and phone number:

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes ☐ ☐

If necessary, please describe what type(s) of reasonable accommodations are needed:

If hired, can you submit proof of right to work in the U.S.? Yes ☐ No ☐

Proof of age and work permit(s) may be required prior to hiring.

Do you have a reliable means of transportation to and from work? Yes ☐ No ☐

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EDUCATION

School Name and Address		Graduated (Yes / No)	Number of Years	Course or Major	Average
Junior High					
High School					
College					
Other					

Have you ever worked for this company before? ☐ Yes ☐ No

Are you related to anyone who has worked or is working for this company? ☐ Yes ☐ No
If so, name of employee:

Castle Family Health Centers is an equal opportunity employer. Castle Family Health Centers does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

PROFESSIONAL AND TECHNICAL APPLICANTS ONLY

Type of License	License Number	Expiration Date	State/City Issued

GENERAL INFORMATION

Date available to start:	Full-time, Part-time, Per Diem or Shift (please circle)
Days available:	Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Hours available:	
From	_____ _____ _____ _____ _____ _____ _____
To:	_____ _____ _____ _____ _____ _____ _____
What interested you in Castle Family Health Centers?	
Please list any job related organizations, clubs, professional societies or other associations you belong to (you may omit those which indicate your race, color, religion, sex, national origin, ancestry, age or the existence of a disability).	

EMPLOYMENT/ WORK EXPERIENCE

Please list all employment for the past 5 years. (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach)		
Name of present or most recent employer	Address	Telephone Number
Employed (month/year) From: To:		Average number of hours worked per week?
Position(s) Held:		Supervisor's Name and Position:
Describe all of your significant duties:		
May we contact this employer?		☐ Yes ☐ No
Reason for leaving?		

Please list all employment for the past 5 years. (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach)

Name of present or most recent employer | Address | Telephone Number

Employed (month/year)
From: To:

Average number of hours worked per week?

Position(s) Held:

Supervisor's Name and Position:

Describe all of your significant duties:

May we contact this employer? ☐ Yes ☐ No

Reason for leaving?

Please list all employment for the past 5 years. (If applicable, you may list work performed on a voluntary basis. If additional pages are needed, please attach)

Name of present or most recent employer | Address | Telephone Number

Employed (month/year)
From: To:

Average number of hours worked per week?

Position(s) Held:

Supervisor's Name and Position:

Describe all of your significant duties:

May we contact this employer? ☐ Yes ☐ No

Reason for leaving?

Please identify and explain all periods of unemployment during the last five years		
From:	To:	Reason for Unemployment:

PLEASE READ CAREFULLY. APPLICANT'S CERTIFICATION, AGREEMENT AND NOTICE.

I hereby certify that the facts set forth in the above Employment Application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of a fact in my application or other information furnished in the selection process may result in immediate dismissal at Castle Family Health Centers sole discretion even if such misrepresentation or omission is discovered during my employment.

I understand that my application may be considered for employment opportunities with Castle Family Health Centers or any affiliated groups.

I understand and agree that any offer of employment will be conditioned upon verification of my employment history and by my successfully passing a job-related physical examination and drug screening. I agree to sign all necessary consents for the release of medical information to Castle Family Health Centers for its use in evaluation of my fitness to perform the position in which I am applying. I understand that my job offer, or my continuing employment, if hired, is contingent upon my ability to perform the essential functions of my job, with our with out reasonable accommodation, I agree that the results of my medical/health screen may be released to appropriate agencies in the event of a worker's compensation injury and/or dispute on payment of a medical claim.

I understand that within my first three working days, I must furnish identification and proof of legal status for employment in the US. If I fail to do so or fail to supply satisfactory documentation within that time frame, it will result in my immediate dismissal from employment.

I understand and agree that neither this application nor the acceptance of employment constitutes a contract of employment and I further understand that I should not, and I agree that I will not rely upon them as contracts of employment or as a guarantee or promise of continued employment. I understand and agree that employment with Castle Family Health Centers is for no definite period and my employment may be terminated at the will of Castle Family Health Centers or myself for any reason at all, of for no reason. I also understand that any handbooks, manuals, policies and procedures maintained by Castle Family Health Centers are not contractual in nature and my be modified, added to or subtracted from, as circumstances warrant, in the sole discretion of Castle Family Health Centers. I understand that the only exception to the previous statement is the "at will" nature of my employment which cannot be modified, added to or subtracted from except in a written document signed by the Chief Executive Officer specifically stating that such employment relationship has been modified and how it has been modified.

This application when completed and signed becomes property of Castle Family Health Centers.

YOU ARE HEREBY AUTHORIZED TO INVESTIGATE ANY INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT, TO EMPLOY ANY AGENT OF YOUR CHOICE TO UNDERTAKE ANY SUCH INVESTIGATIONS AND TO COMMUNICATE WITH ANY PERSON MAKING SUCH AN INVESTIGATION, INCLUDING BUT NOT LIMITED TO, ANY OR ALL OF MY PREVIOUS EMPLOYERS, SCHOOLS, OR OTHER ENTITIES LISTED HEREIN. I AUTHORIZE THE EMPLOYERS, SCHOOLS, AND ALL OTHER PERSON AND ENTITIES NAMED IN THE APPLICATION TO RELEASE ANY INFORMATION TO CASTLE FAMILY HEALTH CENTERS RELEVANT TO THIS APPLICATION FOR EMPLOYMENT. I RELEASE CASTLE FAMILY HEALTH CENTERS AND ALL OTHER EMPLOYERS, SCHOOLS, OTHER ENTITIES AND PERSON WITH WHOM CASTLE FAMILY HEALTH CENTERS SO COMMUNICATES OR WHO PROVIDES INFORMATION TO CASTLE FAMILY HEALTH CENTERS FROM ANY LIABILITY WHATSOEVER WHICH MY RESULT FROM SEEKING OR RELEASING SUCH INFORMATION, AND I AGREE TO HOLD THEM HARMLESS FROM LIABILITY WITH RESPECT TO SUCH COMMUNICATION.

Your Signature	Print Name	Today's Date