

# MATHIESEN MEMORIAL HEALTH CLINIC, INC. (MMHC)

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

An Equal Opportunity Employer; Native American Preference Apply

Submit this application to: Human Resources, [mathiesenclinic.com](http://mathiesenclinic.com) or fax to 209-984- 4825

Section I – Instructions		Section II – Position		
1. Type or print clearly. 2. Answer each question truthfully and completely. False statements may be cause for rejection of your application or termination from employment regardless of the time elapsed before discovery. 3. Sign and date the application as provided for on the reverse side. <b>No application will be accepted unless signed.</b>		Position Title You Are Applying For		
		Department and Clinic Location		
Section III – Personal History				
Name (last, first, middle initial) as it appears on your social security card		Maiden Name if Applicable	Residence Phone	
			Cell Phone	
Current Street Address (street, city, state, zip code)		Email Address:		
		Tribal Affiliation* (if applicable)		
Current Mailing Address (if different)		Roll Number* (if applicable)		
		*MUST include documentation with application		
Section IV – General Information				
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary				
If applying for Part-Time or Temporary work, please list the days and times you are available:				
<b>QUESTIONS</b>			<b>YES    NO</b>	
1. If hired, can you present evidence of United States citizenship or proof of your legal rights to live and work in the U.S.?			<input type="checkbox"/> <input type="checkbox"/>	
2. Are you over the age of 18? If not, can you furnish a work permit indicating the right to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> <input type="checkbox"/>	
3. Can you perform the essential functions of the job, with or without accommodation?			<input type="checkbox"/> <input type="checkbox"/>	
4. Have you ever been employed by MMHC? If yes, please indicate dates of employment:			<input type="checkbox"/> <input type="checkbox"/>	
5. Do you have any friends or relatives employed by MMHC? If yes, please provide their name and relationship:			<input type="checkbox"/> <input type="checkbox"/>	
6. Are you related to anyone on the Board of Directors? If yes, please provide their name and relationship:			<input type="checkbox"/> <input type="checkbox"/>	
7. Do you hold a valid Motor Vehicle Driver's License? <input type="checkbox"/> California <input type="checkbox"/> Other    Number:                      Class:			<input type="checkbox"/> <input type="checkbox"/>	
8. Have you ever been discharged from any employment or forced to resign? If yes, please explain:			<input type="checkbox"/> <input type="checkbox"/>	
Section V – Education				
A. Secondary				
1. Highest grade completed:	2. Name of High School, Address, City and State		3. Diploma Earned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If you have a high school equivalent diploma (G.E.D.), state name and phone number of issuing agency.				
B. Post-Secondary				
5. Name and location of colleges, universities, graduate school, or technical schools attended	Major	Graduate		Degree(s) Earned
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

		<input type="checkbox"/>	<input type="checkbox"/>	
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**C. Licenses and Certificates**

If you hold any professional licenses, vocational licenses, or certificates, please list and include license number(s) below.

Where did you hear about the position that you are applying for? Example; newspaper (name of newspaper), website (name of website), word of mouth, etc.

**Section VI – Skills and Qualifications**

**Keyboarding:** \_\_\_\_ WPM **List Computer Programs:**

Language(s) other than English (please indicate whether you speak, write, and/or read that language. May also include Sign Language).

***THE FOLLOWING SECTIONS MUST BE COMPLETED EVEN IF ATTACHING A RÉSUMÉ***

**Section VII – Employment History**

Account for work experience during the last 10 years and describe specific duties that are relevant to the position for which you are applying. **To allow for accurate review and consideration, your application should provide a complete and detailed description of your work experience.** It is to your benefit to be as thorough as possible because this information will be used to determine if you are qualified for this position. You may attach an additional page if more space is required or refer to a résumé only for the duties description.

From (mo/yr)	To (mo/yr)	<b>Job Title or Occupation:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
Employer's Name and Address			Supervisor's Phone Number
Description of Duties:			
Reason for Leaving:			

From (mo/yr)	To (mo/yr)	<b>Job Title or Occupation:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
Employer's Name and Address			Supervisor's Phone Number
Description of Duties:			
Reason for Leaving:			

From (mo/yr)	To (mo/yr)	<b>Job Title or Occupation:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
Employer's Name and Address			Supervisor's Phone Number
Description of Duties:			

Reason for Leaving:

From (mo/yr)	To (mo/yr)	<b>Job Title or Occupation:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
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Employer's Name and Address	Supervisor's Phone Number
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Description of Duties:

Reason for Leaving:

**Section VII – Employment History (continued)**

From (mo/yr)	To (mo/yr)	<b>Job Title or Occupation:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
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Employer's Name and Address	Supervisor's Phone Number
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Description of Duties:

Reason for Leaving:

From (mo/yr)	To (mo/yr)	<b>Job Title or Occupation:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Name of your direct supervisor
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Employer's Name and Address	Supervisor's Phone Number
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Description of Duties:

Reason for Leaving:

**Section VIII - References**

List three (3) persons not related to you who have knowledge of your work performance within the last three (3) years.

Name	Address	Phone Numbers	Years Known
	Street Address	Work	
	City                      State                      Zip	Cell	
	Street Address	Work	
	City                      State                      Zip	Cell	
	Street Address	Work	
	City                      State                      Zip	Cell	

**Section IX – Further Explanations**

Please include any other documentation which will present your qualifications. If you are selected to proceed with the interview process, we will notify you to arrange a mutually acceptable interview time. Your interest in employment at MMHC is appreciated.

**Section X – Application Certification**

I HEREBY CERTIFY that all statements made in connection with this application and attachments are complete and true to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment, or for termination if discovered at a later date. I authorize investigation of all statements contained herein. I further authorize the references and employers listed above or on any of the attached documents to give you any and all pertinent information concerning my previous employment, education, and licensure. I release all parties from liability for any damage that may result from furnishing the same to you.

Employment with MMHC is voluntarily entered into. All MMHC personnel are employed on an at-will basis. At-will employment may be terminated with or without cause, and with or without notice at anytime by the employee or MMHC. No manager, supervisor, or employee of the organization has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment other than at-will terms.

**SIGNATURE** \_\_\_\_\_ **DATE OF APPLICATION** \_\_\_\_\_