



Post Office Box 4337
Frisco, CO 80443
Phone: (970) 668-4040
Fax: (970) 668-6699

EMPLOYMENT APPLICATION

Summit Community Care Clinic is an equal opportunity employer, dedicated to a policy of non-discrimination in employment or the provision of services on any basis including race, color, religion, sex, age, sexual orientation, disability or national origin.

Instructions: Answer each question fully and accurately. Please print in INK or TYPE, except for signature on application. Please return to: Summit Community Care Clinic, PO Box 4337, Frisco, CO 80443.

Position Applied For: _____

PERSONAL INFORMATION

Name (Last, First, Middle) _____

Physical Address (Number and Street, City, State, Zip Code)

Home Phone No. (____) _____

Emergency Phone No. (____) _____

Mailing Address (PO Box #, City, State, Zip Code)

Previous Address

Are you over the age of 18? Yes No

How soon could you report or work? _____

Are you a citizen or do you have a valid authorization to work in the United States? Yes No

Type of Employment Full Time Part Time Temporary Rate of Pay Expected _____

Are you employed now? Yes No

Why do you desire to make a change?

Have you ever held a position of trust (handling money or confidential material): Yes No

Have you ever served in the U.S. Armed Forces? Yes No

Branch _____
Date Entered _____ Date Discharged _____

EDUCATION

CIRCLE HIGHEST YEAR COMPLETED

HIGH SCHOOL 1 2 3 4

COLLEGE 1 2 3 4 5 6

	List any special schooling (extension, night, business, etc.) NAME AND ADDRESS OF SCHOOL	Did you Graduate?	Type of Diploma or Degree	Major and Minor Studies
High School/GED				
Bachelors or Associates Degree				
Other (Vocational, Technical, Military, Graduate?)				

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards, computer skills, languages and special accomplishments you feel will be helpful in considering your application _____

WORK HISTORY

(START WITH PRESENT EMPLOYER, LIST ALL PAST WORK HISTORY WITH THE MOST EMPHASIS ON RECENT EXPERIENCE)

1. Name & Address of Employer:		Telephone Number:	
Job Title & Duties	May We Contact this Employer?	Yes	No
Name & Position of Immediate Supervisor:	Date of Hire:	Date Left:	
Reason for Leaving:	Starting Rate:	Last Rate:	
2. Name & Address of Employer:		Telephone Number:	
Job Title & Duties	May We Contact this Employer?	Yes	No
Name & Position of Immediate Supervisor:	Date of Hire:	Date Left:	
Reason for Leaving:	Starting Rate:	Last Rate:	
3. Name & Address of Employer:		Telephone Number:	
Job Title & Duties	May We Contact this Employer?	Yes	No
Name & Position of Immediate Supervisor:	Date of Hire:	Date Left:	
Reason for Leaving:	Starting Rate:	Last Rate:	

REFERENCES (Do not list relatives or friends – at least 2 professional references.)

Name:	How Known:	Address:	Phone:
Name:	How Known:	Address:	Phone:
Name:	How Known:	Address:	Phone:

Job Applicant's Agreement and Verification

I certify that the information given by me in the application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorized the use of any information in the application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

SIGNATURE OF APPLICANT: _____ DATE: _____