



ASIAN HEALTH SERVICES
 818 Webster Street
 Oakland, CA 94607-4277
 Tel: (510) 986-6830
 FAX: (510) 986-6890
 Email: ahschc.org

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position (s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address: _____		
Street Number	City	State Zip Code
Business Phone: () ()	Home Phone: () ()	Email Address

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever applied to or worked for Asian Health Services before? Yes No
 If Yes, give date _____

Do you have any friends or relatives working for Asian Health Services? Yes No
 If Yes, Name _____ Relationship _____
 Name _____ Relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full-time Part-time On-Call Temporary

If hired, would you have a reliable means of transportation to and from work? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
Conviction will not necessarily disqualify an applicant from employment. If Yes, state the nature of the crime(s), when and where convicted, and disposition of the case. _____

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed From:	Work Performed
Address	To:	
Telephone No.		
Job Title/Supervisor	Hourly Wage Starting: Final:	
Reason for Leaving:		

Employer	Dates Employed From:	Work Performed
Address	To:	
Telephone No.		
Job Title/Supervisor	Hourly Wage Starting: Final:	
Reason for Leaving:		

Employer	Dates Employed From:	Work Performed
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Job Title/Supervisor	Hourly Wage Starting: Final:	
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Address	To:	
Telephone No.		
Job Title/Supervisor	Hourly Wage Starting: Final:	
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held. *You may exclude membership that may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

Education, Training, and Skills

	School Name & Address	Course of Study	Year Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Others (Specify)				

Indicate any language other than English that you can

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and other abilities

Describe any job-related training received in the United States military

Additional Information

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills: (Check skills/equipment that you have proficiency in).

<input type="checkbox"/> FAX	<input type="checkbox"/> MS Office ○ Word	<input type="checkbox"/> McIntosh	<input type="checkbox"/> Other (list) _____
<input type="checkbox"/> Copy Machine	○ Excel	<input type="checkbox"/> Windows PC	_____
<input type="checkbox"/> Email	○ PowerPoint		_____
	○ Access		_____

State any additional information you feel may be helpful for Asian Health Services to consider in your application for employment.

Note to Applicant: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation may be requested.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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References

1	Name	Phone Numbers
	Address	
2	Name	Phone Numbers
	Address	
3	Name	Phone Numbers
	Address	

Please read carefully, initial each paragraph and sign below

<p>_____ Initials</p>	<p>I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</p>
<p>_____ Initials</p>	<p>I hereby authorize Asian Health Services to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Asian Health Services any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Asian Health Services, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.</p>
<p>_____ Initials</p>	<p>I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Asian Health Services. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Asian Health Services and that no promises or representations contrary to the foregoing are binding on Asian Health Services unless made in writing and signed by me and Asian Health Services' designated representative.</p>
<p>_____ Initials</p>	<p>Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Asian Health Services, I am entitled to copies of any such public records obtained by Asian Health Services unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.</p> <p><input type="checkbox"/> I waive receipt of a copy of any public record described in the paragraph above</p>

Applicant Signature

Date