

EXECUTIVE DIRECTOR APPLICATION FOR EMPLOYMENT

Please Note: Camai Community Health Center's (Camai CHC) policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, sexual orientation, marital status, veteran status or any other legally-protected class of persons. This policy applies to all positions within the Health Center, including Executive Director.

PERSONAL INFORMATION

FULL NAME: _____
Last *First* *M.I.*

ADDRESS: _____
Street Address *Apartment / Unit #*

City *State* *Zip*

HOME PHONE: _____ CELL: _____

E-MAIL: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

Have you ever been convicted of a felony or misdemeanor? If yes, please describe the situation.

Please state your preferred starting salary:

EDUCATIONAL BACKGROUND

	School Name	Year	Major	Degree
High School				
College				
College				
Post-College				
Other Training				

Please list any scholastic honors received and offices held in school:

Please describe any other training listed above, if applicable:

EMPLOYMENT HISTORY

Please begin with your most recent employer.

COMPANY NAME _____

ADDRESS: _____

TELEPHONE: _____

START DATE: _____ STARTING POSITION: _____

END DATE: _____ ENDING POSITION: _____

RESPONSIBILITIES: _____

COMMENTS: _____

COMPANY NAME _____

ADDRESS: _____

TELEPHONE: _____

START DATE: _____ STARTING POSITION: _____

END DATE: _____ ENDING POSITION: _____

RESPONSIBILITIES: _____

COMMENTS: _____

COMPANY NAME _____

ADDRESS: _____

TELEPHONE: _____

START DATE: _____ STARTING POSITION: _____

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TELEPHONE: _____

START DATE: _____ STARTING POSITION: _____

END DATE: _____ ENDING POSITION: _____

RESPONSIBILITIES: _____

COMMENTS: _____

COMPANY NAME _____

ADDRESS: _____

TELEPHONE: _____

START DATE: _____ STARTING POSITION: _____

END DATE: _____ ENDING POSITION: _____

RESPONSIBILITIES: _____

COMMENTS: _____

Please attach additional sheets as necessary

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of my application is true and complete to the best of my knowledge. Any false statements or failure to disclose information can result in denial of my application or discharge from any current employment with Camai CHC.

I authorize Camai CHC and any of its agents or attorneys to conduct a reference check on me, including contacting former schools, teachers, employers, supervisors, co-workers, organizations and agencies. I hereby release all such persons and entities providing such information from all claims and damages connected with their release of any requested information, and also waive any right to notice of any such release.

I further authorize Camai CHC to disclose verbally and in writing the results of this inquiry and/or interview to the designated representatives and agents of Camai CHC and its Board of Directors.

I do hereby agree to forever release and discharge Camai CHC, its employees or agents, and its associated agents, and attorneys, to the fullest extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency or court, arising from the retrieving and reporting of information relating to my application for employment with Camai CHC.

Applicant Signature

Date

CONSENT TO BACKGROUND CHECKS & RELEASE OF INFORMATION

1. This is notice to you that CAMAI CHC requires you to consent and authorize CAMAI CHC to conduct background checks on you as a condition of being considered for a position at CAMAI CHC, and, if hired, for CAMAI CHC to conduct additional background checks on you for legal employment purposes while you are an CAMAI CHC employee.

2. The background checks may include the ordering of background reports and the verification of information submitted on your application, resume or otherwise provided by you. The types of information in the background checks may include, but are not limited to, criminal and civil records, public records, educational records, driving and motor vehicle records, licensing and certification records, credit reports, reference and prior employment checks and social security number verifications.

**YOUR AUTHORIZATION AND CONSENT TO BACKGROUND CHECKS AND
RELEASE OF INFORMATION**

3. I have read and understand the above Notice of Background Checks, and by my signature below, I authorize CAMAI CHC and any of its agents, attorneys and third party providers to conduct the background checks described above.

4. I also authorize any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies; city, state, county and federal courts, and military services and all other organizations and agencies to release information about my background, including but not limited to the information listed above in paragraph 2, to CAMAI CHC, its agents, attorneys and third party providers.

5. I agree that a photocopy of my original signature on this document shall have the same force and effect as my original signature.

Applicant Name (First, Middle & Last)

Date

Signature

Social Security Number

Address (Permanent Street Address)

Driver's License No. State

City and County

Phone

State and Zip Code

Date of Birth