



Virginia Garcia Memorial  
HEALTH CENTER

**APPLICATION FOR EMPLOYMENT**

Virginia Garcia Memorial Health Center is an equal opportunity employer. We consider all applicants for all positions without regard to race, color, religion, age, sex, national origin, veteran status and mental or physical disability.

This **application** must be completed **in full and signed in ink.** Your **failure to sign your application** or to response to all questions may **result in the non-acceptance** of your application.

***PLEASE TYPE OR PRINT LEGIBLY:***

Position Applied For: \_\_\_\_\_ Date of Application \_\_\_\_\_  
How did you learn about VG?  Relative  Friend  Newspaper \_\_\_\_\_  
 VG Employee: (list name) \_\_\_\_\_  Other \_\_\_\_\_  
Are you seeking:  Full time  Part Time  Temporary employment?  
When could you start? \_\_\_\_\_ Minimum Salary Desired? \_\_\_\_\_

**PERSONAL**

Print Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you 18 years of age or older?.....  Yes  No  
(If you are hired, you may be required to submit proof of age.)

Social Security # (Optional) \_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.?.....  Yes  No

a). Have you ever applied at VGMHC before?  Yes  No If yes, when \_\_\_\_\_.

b). were you ever employed at VGMHC?  Yes  No If yes, when? \_\_\_\_\_.

c). Do you have a friend or relative working at VGMHC?  Yes  No

If yes, please explain: \_\_\_\_\_.

d). Do you have valid driver's license?  Yes  No State: \_\_\_\_\_.

e). Have you ever been convicted of a criminal offense?  Yes  No **(If the answer is yes, you must explain on a separate sheet of paper and attach it to this application. Do not list convictions that were sealed, eradicated, expunged, or any convictions that results in a referral to a diversion program. A conviction record will not necessarily disqualify you from employment.)**

<b>EDUCATION</b>		
High School (include City & State): _____ _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed: <input type="checkbox"/> Diploma <input type="checkbox"/> GED

College/University (include City & State)	Dates Attended: (   /   /   )	Completed: <input type="checkbox"/> Degree <input type="checkbox"/> Certification
Major/Minor/Type of Training:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other

Graduate School (include City & State)	Dates Attended: (   /   /   )	Completed: <input type="checkbox"/> Degree <input type="checkbox"/> Certification
Major/Minor/Type of Training:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other

Other School/Training (include City & State)	Dates Attended: (   /   /   )	Completed: <input type="checkbox"/> Degree <input type="checkbox"/> Certification
Major/Minor/Type of Training:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other

<b>LICENSES &amp; CERTIFICATIONS (do not list driver's license)</b>			
Type	State issued/License Number	Date Issued	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____

### EMPLOYMENT HISTORY

Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for the last seven years, including periods of self-employment & U.S. military service. VGMHC will conduct reference and criminal background checks to verify information on application. Failure to list employment or convictions may result in not being hired or in being terminated after being hired.

<b>Employer:</b>	<b>Phone #:</b>	<b>Dates Employed: (mm/yyyy)</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Position:</b>	<b>Supervisor's Name</b>		
<b>Duties:</b>			
<b>Starting Salary/Wages:</b>		<b>Final Salary/Wages:</b>	
<b>Reason for Leaving:</b>			

<b>Employer:</b>	<b>Phone #:</b>	<b>Dates Employed: (mm/yyyy)</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Position:</b>	<b>Supervisor's Name</b>		
<b>Duties:</b>			
<b>Starting Salary/Wages:</b>		<b>Final Salary/Wages:</b>	
<b>Reason for Leaving:</b>			

<b>Employer:</b>	<b>Phone #:</b>	<b>Dates Employed: (mm/yyyy)</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Position:</b>	<b>Supervisor's Name</b>		
<b>Duties:</b>			
<b>Starting Salary/Wages:</b>		<b>Final Salary/Wages:</b>	
<b>Reason for Leaving:</b>			

**EMPLOYMENT HISTORY (continued)**

Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for the last ten years, including periods of self-employment & U.S. military service. VGMHC will conduct reference and criminal background checks to verify information on application. Failure to list employment or convictions may result in not being hired or in being terminated after being hired.

<b>Employer:</b>	<b>Phone #:</b>	<b>Dates Employed: (mm/yyyy)</b>	
<hr/>		<hr/>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<hr/>		<hr/>	
<b>Position:</b>	<b>Supervisor's Name</b>		
<hr/>			
<b>Duties:</b>			
<hr/>			
<b>Starting Salary/Wages:</b>		<b>Final Salary/Wages:</b>	
<hr/>			
<b>Reason for Leaving:</b>			

<b>Employer:</b>	<b>Phone #:</b>	<b>Dates Employed: (mm/yyyy)</b>	
<hr/>		<hr/>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<hr/>		<hr/>	
<b>Position:</b>	<b>Supervisor's Name</b>		
<hr/>			
<b>Duties:</b>			
<hr/>			
<b>Starting Salary/Wages:</b>		<b>Final Salary/Wages:</b>	
<hr/>			
<b>Reason for Leaving:</b>			

<b>Employer:</b>	<b>Phone #:</b>	<b>Dates Employed: (mm/yyyy)</b>	
<hr/>		<hr/>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<hr/>		<hr/>	
<b>Position:</b>	<b>Supervisor's Name</b>		
<hr/>			
<b>Duties:</b>			
<hr/>			
<b>Starting Salary/Wages:</b>		<b>Final Salary/Wages:</b>	
<hr/>			
<b>Reason for Leaving:</b>			

**OFFICE EQUIPMENT & COMPUTER APPLICATION SKILLS**

**Please make the following office equipment and computer applications in which you are proficient:**  Computer \_\_\_\_WPM  Fax Machine  Copy Machine  Multi Phone Line  Calculator/10-key  Microsoft Word \_\_\_\_years of experience  Microsoft Excel \_\_\_\_ years of experience  Microsoft Outlook \_\_\_\_years of experience  Microsoft Publisher \_\_\_\_ years of experience  Internet Explorer \_\_\_\_ years of experience  Microsoft Access \_\_\_\_ years of experience  Power Point \_\_\_\_ years of experience  Other \_\_\_\_\_years of experience

**REFERENCES**

**Please provide the names, addresses, and telephone numbers of three former employers or colleagues that can reference your work experience and character.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

**Applicant's Statement**

I certify that all matters contained in this application are true and understand that any inaccurate information on this application may lead to the removal of my name from consideration for employment and/or to my termination.

I further understand that this is an application for employment and not a job offer.

I hereby authorize VGMHC to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.

I further authorize all prior employers to release to VGMHC any and all information related to my past performance.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_