



Kedren Community Health Center, Inc.

Mental & Primary Health Care • Education • Housing • Employment

www.kedren.org

4211 SOUTH AVALON BLVD., LOS ANGELES, CA 90011 – PHONE: (323) 432-5086 FAX: (323) 232-2366

APPLICATION FOR EMPLOYMENT

Kedren Community Health Center, Inc. is an equal opportunity employer and makes employment decisions based on qualifications only without regard to race, religion, color, national origin, ancestry, sex including gender identity or gender expression, age, marital status, disability, medical condition, sexual orientation, veteran status, genetic information or other non-job related factors prohibited by applicable federal state or local laws. Kedren provides applicants who have disabilities with reasonable accommodation to assist in the interview/hiring process. Applicants requiring accommodation should contact the Department of Human Resources.

THIS DOCUMENT MUST BE COMPLETED IN ITS ENTIRETY BEFORE AN OFFER OF EMPLOYMENT CAN BE AUTHORIZED

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)	Date
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Street Address	Date of birth:	Home Telephone Number
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City	State	Zip Code	Alternate Telephone Number
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Indicate any other name(s) used:	E-Mail Address
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Have you ever been employed by Kedren Acute Psychiatric Hospital and Community Mental Center?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out →	Month and Year:	Last Position Held:	Location:
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Position(s) for which you are applying	1.	2.	Shifts: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights Hours: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem/On-call <input type="checkbox"/> Temporary
	3.	4.	
	5.	6.	

Do you have any relatives working for Kedren Acute Psychiatric Hospital and Community Mental Health Center?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate name, relationship, and department:	How were you referred: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk In <input type="checkbox"/> Other (please indicate)
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If hired, you will be required to furnish proof that you are legally authorized to work for Kedren Community Health Center, Inc. in the United States. Can you furnish such proof?

<input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available to begin employment?
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EDUCATION

SCHOOL	NAME OF SCHOOL	CITY AND STATE	FIELD OF STUDY	DID YOU RECEIVE A DIPLOMA/DEGREE/CERTIFICATE?	INDICATE NAME OF DIPLOMA/DEGREE/CERTIFICATE RECEIVED
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HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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COLLEGE OR UNIVERSITY (Undergraduate, Graduate, and Post Graduate)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Other SCHOOLING/ VOCATIONAL/ TRAINING				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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LICENSE/CERTIFICATE/REGISTRATION

Do you have a professional license, certificate or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, indicate type	Number	Issue Date	Expiration Date	State where issued
If Yes, indicate type	Number	Issue Date	Expiration Date	State where issued

Are there any current restrictions of any nature on your license, registration, certification, or on your right to practice your profession, occupation, or your ability to provide healthcare services? Yes No If yes, please explain:

If you are seeking a position that requires a professional license/certification, has your license/certification ever been revoked, suspended, limited, or voluntarily relinquished and/or are you currently the subject of a proceeding that could affect your license/certification? Yes No

<p>EMPLOYMENT/VOLUNTEER WORK/OTHER WORK HISTORY A resume will not be accepted in place of any information required on this form</p>	<p>Please account for all your time including jobs, student internships, volunteer work, education, unemployment, self-employment, military service, etc. for the past 10 years.</p>
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Employer Name	Telephone Number	
Employer Address, City, State, Zip Code	Employed – (State month and year)	
	From	To
Name/Title of Supervisor		
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Reason for Leaving	
Your Job Title and Job Duties/Responsibilities:		

Employer Name	Telephone Number	
Employer Address, City, State, Zip Code	Employed – (State month and year)	
	From	To
Name/Title of Supervisor	-	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Reason for Leaving	
Your Job Title and Job Duties/Responsibilities:		

Employer Name	Telephone Number	
Employer Address, City, State, Zip Code	Employed – (State month and year)	
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Name/Title of Supervisor		
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Your Job Title and Job Duties/Responsibilities:		

Employer Name	Telephone Number	
Employer Address, City, State, Zip Code	Employed – (State month and year)	
	From	To
Name/Title of Supervisor		
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Reason for Leaving	
Your Job Title and Job Duties/Responsibilities:		

LANGUAGE PROFICIENCY (OTHER THAN ENGLISH)

LANGUAGE	READ		WRITE		SPEAK	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL SKILLS
(Please indicate any additional job-related skills you possess)

Computer Software/Applications (Please list):

Typing/Shorthand	Medical Terminology
W.P.M	

Other

CRIMINAL PUBLIC RECORD
(Please complete all sections below)

Have you ever been convicted of a crime in the past seven (7) years, (excluding misdemeanors and summary offenses) which has not been annulled, expunged or sealed by a court? Yes No If yes, please indicate: date, crime, city, and county below;

Date	Crime	Court Name	City	County

Date	Crime	Court Name	City	County

Date	Crime	Court Name	City	County

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. However, failure to full disclose is falsification and grounds for immediate termination upon discovery at any time during employment.

Are you presently on probation? Yes No Are you presently on parole? Yes No

Have you ever been arrested for a sex offense for which registration as a sex offender would be required upon conviction? (Cal Labor Code 432.7 (f), Cal Penal Code 290) Yes No

Are you required to register as a sex offender under (Cal Penal Code 290) Yes No

Do you require job accommodations for the essential functions you will be performing? Yes No If yes, please explain:

If you are seeking a position with regular access to patients, have you ever been arrested for lewd and lascivious conduct or a sex-related offense specified in Section 290 of the California Penal Code? Yes No If yes, give details below:

If you are seeking a position that would allow you access to drugs and medications, have you ever been arrested for any drug-related offense specified in Section 11590 of the California Health and Safety Code? Yes No If yes, give details below:

Has a government agency sanctioned, suspended, barred or otherwise limited you from providing services or participating in any Federal health care programs including Medicare, any state Medicaid programs or any other government programs? Yes No If yes, give details below:

DRIVING RECORD

(Please complete this section only if you are applying for a position that requires a Driver's License)

Do you have a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate Driver's License#	State Where Issued
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Are there any current restrictions on your Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate restrictions
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Have you ever been found guilty of a moving violation in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate date, violation, city, and state
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MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, religion, color, national origin, ancestry, sex, age, martial status, disability, medical condition, sexual orientation)

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PRE-EMPLOYMENT REQUIREMENTS

(Important, Please read and initial each paragraph)

I agree that as part of the pre-employment requirements, and if employment results, during employment, I will submit to and cooperate fully with medical and other examinations which may be requested by the Agency. These medical examinations may be requested on a regularly scheduled basis, or randomly without notice to determine fitness for duty, at the sole discretion of the Company. I understand that these examinations may include, but are not limited to, testing blood, urine and other bodily fluids, tissues, or materials for the presence of substances, organisms or pathogens that may affect or impair my health or my ability to perform the duties of the job for which I am applying. I hereby consent to these examinations and to the disclosures of the resulting information to the Company.

	Initials
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I believe that I am physically and mentally able to perform all the duties of the job for which I am applying.

	Initials
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If hired, I promise that I will attend my job regularly, comply with all company rules, regulations and policies, and competently and diligently perform the duties of the job for which I am applying.

	Initials
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I hereby acknowledge that any employment relationship that results from this application is of an "at will" nature, which means that I may resign at any time and the Company may discharge me at any time, for any reason or no reason at all, with or without cause. I further understand that this "at will" relationship may not be changed by any written document, oral presentation, or by conduct or implication. I further understand that any employment relationship that results from this application does not include any implied promises, of good faith, to promise anything except an "at will" employment relationship, and I agree that no such promises have been made to me.

	Initials
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I understand that as a condition of employment, I must sign confidentiality, trade secrets and non-disclosure agreements of a form acceptable to the Agency. I understand I may also be required to sign a non-competition agreement as condition of accepting employment in a position for which such an agreement is permitted or required. I will be given a description of the job applied for, and I understand and acknowledge that the Agency retains the right to add to, modify and/or eliminate jobs, job descriptions and job duties, at any time, at its sole discretion.

	Initials
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I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given by me on my application or in interview(s) may result in immediate discharge of Agency employment.

Initials

I authorize investigation of all statements contained in this application for employment and authorize all references and former employers/co-workers to answer such inquiries about me which may be used by the Agency in arriving at an employment decision.

Initials

I understand that this application for employment will be considered active for a period of time not to exceed (6) six months.

Initials

I hereby certify that all the information contained in this application and all other information that I have provided in connection with my application is true and correct. I understand that any misrepresentations or omissions will be sufficient cause for rejection of my application or immediate termination of employment if I am employed, whenever it may be discovered.

Initials

I understand that if I am offered employment, such offer may be and is conditioned upon the successful completion of a reference check, background investigation, drug test, pre-employment medical examination, applicable license/certification verifications and my ability to qualify for a bond if required for the position. I also understand that any offer of employment is conditioned on my ability to provide satisfactory proof of my identity and eligibility to live and work in the United States.

Initials

I understand that 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 Kedren, I am entitled to copies of any such public records obtained by Kedren, by marking 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 not checked the box below.

I do not waive receipt of a copy of any public record described in the paragraph above.

Initials

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

I agree to and accept all of the above statements.

Initials

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 Kedren Community Health Center (Kedren). In addition, I understand and agree that if I am employed, my employment is for no definite period and, unless inconsistent with the terms of any applicable collective bargaining agreement, may be terminated at any time, with or without prior notice, at the option of either myself or Kedren, and that no promises or representations contrary to the foregoing are binding on Kedren unless made in writing and signed by me and authorized by the by me and authorized by the President and CEO of Kedren.

Initials

Signature of Applicant:

Date: