



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 (EEO-1 and VETS-100 Reporting Form)

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.

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)	
-------------	---------	----------	--

	Sex (check one): <input type="checkbox"/> M <input type="checkbox"/> F	
--	--	--

Position(s) for which you applied	1.	2.	
	3.	4.	
	5.	6.	

RACE/ETHNIC IDENTIFICATION (For federal EEO-1 reporting)

Please check one of the boxes to the right.	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Two or more races		

MILITARY VETERAN STATUS (For federal VET-100 reporting)

Are you a veteran of the United States Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, please complete the rest of this section.
Which one of these VET-100A covered categories most applies to you? (Check One)	<input type="checkbox"/> Special disabled veterans <input type="checkbox"/> Vietnam-era veterans <input type="checkbox"/> Disabled veterans <input type="checkbox"/> Armed forces service medal veterans <input type="checkbox"/> Other protected veterans
Discharge date	
Recently separated veterans (check one if applicable)	<input type="checkbox"/> Within the last 12 months <input type="checkbox"/> Within the last 36 months

Signature of Applicant:	
-------------------------	--

Date:	
-------	--