



Portsmouth Community Health Center, Inc.
 D/b/a Hampton Roads Community Health Center
 Human Resources Dept.
 664 Lincoln Street
 Portsmouth, VA 23704
 Office: (757) 393-6363
 Email: employment@hrchc.org
 Website: <http://www.hrchc.org>

EMPLOYMENT APPLICATION

Date: _____

Position Applied For: _____

Name: _____
Last
First
Middle

Address: _____
Number/Street
City
State
Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Job Location: Portsmouth Park Place Communicare Ingleside East Ocean view

How did you find out about this employment opportunity? _____

General Background Information *(Please circle the appropriate response)*

Are you a citizen of the United States?	YES	NO
If no, do you have the legal right to work in the United States?	YES	NO
Are you able to show proof of identity and work authorization?	YES	NO
Have you ever been employed by Hampton Roads Community Health Center? If yes, give dates of employment. From: _____ To: _____	YES	NO
Do you have any relatives currently employed at HRCHC? If yes, please give name, relationship, department, and position.	YES	NO
Are you at least 18 years of age or older?	YES	NO
Do you have any <u>pending</u> criminal charges against you?	YES	NO
Have you ever been <u>convicted</u> of a felony?	YES	NO

Hampton Roads Community Health Center, Inc. complies with EEO guidelines and is a drug-free workplace. Applications will be considered valid up to six (6) months from the date of submission. Only completed and signed applications will be processed and considered.

Educational Background *(Please select the highest level of education completed)*

	Name of School	Location (City/State)	Degree Earned/Awarded	Major or Specialty
Secondary (High school/GED)				
College				
Graduate School				
Trade School				
Vocational School				

Licenses and Certifications

Indicate type of Driver's License: Standard | Commercial (CDL) | Class _____ | State _____ | Expiration _____

List any licenses/certifications or other authorizations you possess to practice a trade or profession including state and expiration date.

Licenses or Certification Name	State	Expiration Date

Work Experience

A resume may be attached along with the completed application form. **Starting with your most recent position**, describe all paid work experience, military service, and applicable volunteer experience. Describe those duties and responsibilities which best demonstrate your qualifications for this position.

Please indicate the number of additional forms attached to this application: _____

Job Title:		Name of Employer:	
Employer Address:		Employer Phone:	
Immediate Supervisor:		Supervisor Title:	
Dates of Employment:	Start Date:	End Date:	Employment Status: <i>(Please circle)</i>
	Hourly	Salary	Full-time Part-time Volunteer
Pay Rate: <i>(Please circle)</i>		Reason for Leaving:	
Job Duties:			
May we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Job Title:		Name of Employer:	
Employer Address:		Employer Phone:	
Immediate Supervisor:		Supervisor Title:	
Dates of Employment:	Start Date:	End Date:	Employment Status:
Pay Rate:		Reason for Leaving:	
Job Duties:			
May we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Job Title:		Name of Employer:	
Employer Address:		Employer Phone:	
Immediate Supervisor:		Supervisor Title:	
Dates of Employment:	Start Date:	End Date:	Employment Status:
Pay Rate:		Reason for Leaving:	
Job Duties:			
May we contact this employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information on this application is complete and true to the best of my knowledge. I understand that if I knowingly give a false statement or purposely omit information I will forfeit my right to any consideration for employment, transfer, or promotion.

I understand that my signature on this application is neither a contract nor an implied contract of employment. I understand that this application does not represent a complete statement or final authority on Hampton Roads Community Health Center, Inc. policies and procedures.

Applicant's Signature _____ Date _____



Portsmouth Community Health Center, Inc.
D/b/a Hampton Roads Community Health Center
Human Resources Dept.
664 Lincoln Street
Portsmouth, VA 23704
Office: (757) 393-6363
Email: employment@hrchc.org
Website: <http://www.hrchc.org>

APPLICANT DEMOGRAPHICS

Date: _____

Position Applied For: _____

Applicant Name: _____
Last First Middle

Job Location: Portsmouth Park Place Communicare Ingleside East Oceanview

This following information is voluntary and will not be used for making employment decisions. It will not be kept with your application for employment. This information is needed to comply with federal reporting obligations.

Please check the appropriate space for each group with which you identify:

Race / Ethnicity

- Alaska Native
- American Indian or Native American
- African American or Black
- Asian
- Hispanic or Latino
- Pacific Islander
- White
- Two or more races
- I do not wish to Self-Identify

Gender

- Female
- Male
- I do not wish to Self-Identify