



Health And Life Organization, Inc. dba Sacramento Community Clinics

An FQHC-LA 501(c)(3) Non-Profit Organization

www.halocares.org

7275 E. Southgate Dr., Suite 204
Sacramento, CA 95823
(916) 428-3788

2200 Del Paso Blvd.
Sacramento, CA 95815
(916) 924-7988

5524 Assembly Court
Sacramento, CA 95823
(916) 642-1867

3030 Explorer Drive
Sacramento, CA 95827
(916) 642- 1868

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name (Last, First, Middle Initial)		Date of Birth		Social Security No.	
Street Address		City		State	Zip Code
Phone No.		Email Address			

EMPLOYMENT DESIRED

Position					Date You Can Start	
Available Hours for Employment						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION

Name and Address of School	Dates Attended	Did you graduate?	Degree – Area of Study
High School			
College			
Trade/Business School			
Other education			

FORMER EMPLOYMENT

Job Title	Name and Address of Employer	Date of Employment	Reason for leaving	Can we contact this employer?

REFERENCES

Reference's Name & Address	Company	Relationship to you	Phone No.

AUTHORIZATION AND ACKNOWLEDGEMENTS

I affirm that the information I have provided in this application is true to the best of my knowledge and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Applicant's Signature

Date