



Bay Clinic, Inc.  
Network of Community Health Centers  
Hilo, Pāhoa, Kea'au, and Ka'ū  
APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MIDDLE	SUFFIX
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ADDRESS	CITY	STATE	ZIP
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POSITION DESIRED:	SALARY DESIRED:
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ARE YOU CURRENTLY EMPLOYED? YES  NO

INTERESTED IN: FULL TIME  PART TIME  MEDICAL  DENTAL

PLEASE INDICATE SITE(S) OF INTEREST: HILO  PĀHOA  KEA'AU  KA'Ū

DATE YOU CAN BEGIN WORK:

PLEASE DESCRIBE WORK AVAILABILITY:

IS THERE ANYTHING THAT WOULD PREVENT YOU FROM PERFORMING IN A REASONABLE AND SAFE MANNER THE ACTIVITIES INVOLVED IN THE POSITION FOR WHICH YOU ARE SEEKING? YES  NO

IF YES, WHAT?

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES  NO

**ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON COMPLETING FORM I-9 AND PROVIDING REQUIRED SUPPORTING IDENTIFYING DOCUMENTATION**

BEST FORM OF CONTACT FOR YOU:

HOME NUMBER:	CELL NUMBER:
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EMAIL ADDRESS:

**EDUCATION, CERTIFICATIONS, AND TRAINING**

SECONDARY SCHOOL NAME:	CITY:	STATE:	ZIP:
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UNIVERSITY NAME:	YRS. ATTENDED:	DEGREE:
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UNIVERSITY ADDRESS:	CITY:	STATE:	ZIP:
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WEBSITE/PHONE CONTACT:

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OTHER:	YRS. ATTENDED:	DEGREE:
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ADDRESS:	CITY:	STATE:	ZIP:
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WEBSITE/PHONE CONTACT:
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OTHER:	YRS. ATTENDED:	DEGREE:
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ADDRESS:	CITY:	STATE:	ZIP:
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WEBSITE/PHONE CONTACT:
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OTHER:	YRS. ATTENDED:	DEGREE:
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ADDRESS:	CITY:	STATE:	ZIP:
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WEBSITE/PHONE CONTACT:
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OTHER:	YRS. ATTENDED:	DEGREE:
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ADDRESS:	CITY:	STATE:	ZIP:
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WEBSITE/PHONE CONTACT:
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IS ALL PREVIOUS EDUCATIONAL EXPERIENCE LISTED? YES  NO  IF NO, PLEASE LIST ON A SEPARATE SHEET OF PAPER AND ATTACH.

**HEALTHCARE-RELATED CERTIFICATIONS (\*\*required for medical staff - provide copies)**

LICENSURE:	EXPIRES:
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LICENSURE:	EXPIRES:
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***CPR CERTIFICATION:	EXPIRES:
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PALS CERTIFICATION:	EXPIRES:
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ACLS CERTIFICATION:	EXPIRES:
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OTHER CERTIFICATION(S):	EXPIRES:
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OTHER CERTIFICATION(S):	EXPIRES:
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**WORK HISTORY: Position held, including military service. List most recent positions first. Please list complete work history from college graduation to present place of employment. (Attach a separate sheet if necessary)**

MAY WE CONTACT CURRENT EMPLOYERS IF OFFERED A POSITION? YES  NO

CONTINUED ON NEXT PAGE

1.) MOST RECENT POSITION		ORGANIZATION:	
ADDRESS	CITY	ZIP	TELEPHONE
DUTIES		DATE (from - to)	
REASON FOR LEAVING		VERIFIED	
2.) POSITION		ORGANIZATION	
ADDRESS	CITY	ZIP	TELEPHONE
DUTIES		DATE (from - to)	
REASON FOR LEAVING		VERIFIED	
3.) POSITION		ORGANIZATION	
ADDRESS	CITY	ZIP	TELEPHONE
DUTIES		DATE (from - to)	
REASON FOR LEAVING		VERIFIED	
4.) POSITION		ORGANIZATION	
ADDRESS	CITY	ZIP	TELEPHONE
DUTIES		DATE (from - to)	
REASON FOR LEAVING		VERIFIED	
5.) POSITION		ORGANIZATION	
ADDRESS	CITY	ZIP	TELEPHONE
DUTIES		DATE (from - to)	
REASON FOR LEAVING		VERIFIED	
CONTINUED ON NEXT PAGE			

6.) POSITION		ORGANIZATION	
ADDRESS	CITY	ZIP	TELEPHONE
DUTIES		DATE (from - to)	
REASON FOR LEAVING		VERIFIED	

**OTHER AFFILIATIONS FOR THE LAST TEN YEARS (Attach a separate sheet if needed)**

INSTITUTION		DEPARTMENT	
ADDRESS			
CITY	STATE	ZIP	COUNTRY

TYPE OF SERVICE

INSTITUTION		DEPARTMENT	
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ADDRESS

CITY	STATE	ZIP	COUNTRY
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TYPE OF SERVICE

INSTITUTION		DEPARTMENT	
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ADDRESS

CITY	STATE	ZIP	COUNTRY
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TYPE OF SERVICE

**PROFESSIONAL REFERENCES**

1.) NAME/TITLE		TELEPHONE
ORGANIZATION	EMAIL ADDRESS	
RELATIONSHIP TO YOU		

2.) NAME/TITLE		TELEPHONE
ORGANIZATION	EMAIL ADDRESS	
RELATIONSHIP TO YOU		

CONTINUED ON NEXT PAGE

3.) NAME/TITLE	TELEPHONE
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ORGANIZATION	EMAIL ADDRESS
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RELATIONSHIP TO YOU
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4.) NAME/TITLE	TELEPHONE
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ORGANIZATION	EMAIL ADDRESS
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RELATIONSHIP TO YOU
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**PERSONAL REFERENCES (Provide contact numbers & attach a separate sheet if necessary)**

1.)
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2.)
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3.)
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4.)
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5.)
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**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in immediate discharge if discovered at a later date. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and any other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_