



Internal Application: For Current Employees of CHP

APPLICANT INFORMATION (please print)

Name: First		Last		Middle		
Address			Apt. #	City	State	Zip
Telephone Number				Email		
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DESIRED EMPLOYMENT

Position(s) Applied For	Department or Practice
Current Position	Department or Practice

How soon could you transfer to new position?	
Desired Salary	\$
How did you find out about this position?	
Does your Supervisor/Practice Manager know of your interest in this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you interested in making a change at this time?

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What types of training, knowledge, skills, and abilities do you have that would make you the right person for this position?

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REFERENCES (please list a minimum of two previous Supervisors/Managers)

Name	Phone Number	Years Known
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	() -	
	() -	
	() -	
	() -	

PLEASE READ, SIGN AND DATE

Community Health Programs is committed to providing equal employment opportunity (EEO) for all persons regardless of race, color, sex, sexual orientation, pregnancy, religion, marital status, parental status, physical or mental disability, age, veteran status, ancestry, national or ethnic origin, genetics, retaliation, sexual harassment, political beliefs, and any other basis prohibited by applicable state, federal or local laws.

The facts set forth in my application and attached resume are true and complete to the best of my knowledge. I understand that if employed, false statements or omissions on this application, my resume and all accompanying documents, are cause for termination, regardless of the time elapsed before discovery.

I authorize Community Health Programs (CHP), to check and verify all information provided in my application, and hereby release CHP and its agents and employees from any claims, charges, or liabilities whatever that may result from the verification process. I understand that an offer of employment is contingent upon satisfactory proof of lawful employment status, as set forth in the Immigration Reform and Control Act of 1986 and reference and background checks. Permission is hereby given to CHP or any agent thereof to investigate previous employment, educational background and reference information including job performance, salary history, employment dates, etc.

I release CHP its subsidiaries and former employers from any liability resulting from any information provided in connection with this application.

Please note: CHP requires all employees to agree to and obtain a clear Criminal Offender Record Information (CORI) check as a condition of employment. CHP may elect to do a new CORI on internal candidates changing positions. CHP is a drug-free, alcohol-free, smoke-free work environment. Employees who work with children and/or work in CHP’s medical clinics must agree to a tuberculosis skin test (also known as the tuberculin test or PPD test). Employees may be asked for additional tests/information depending on the job requirement.

I understand that the receipt of this application does not imply that I will be employed. I understand that this employment application is not an expressed or implied employment contract.

Applicant Signature _____

Date: / /

Equal Employment Opportunity Affirmative Action Voluntary Self-Identification Form

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state or local law. No question on this form is intended to secure information to be used for such discrimination.

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Date: / /

Applicant Name: _____

Applicant Signature: _____

I understand the reason for this request for voluntary self-identification as stated above and choose to decline.

OR

I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

Gender: Male Female

Race/Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliations or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

If you have any questions regarding this form, please contact the Human Resources Department.

Source: U.S. Equal Employment Opportunity Commission