

HEALTH EDUCATION COUNCIL
 3950 Industrial Blvd., Suite 600, West Sacramento, CA 9569 1-3430
 (916) 556-3344 Fax (916) 446-0427

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

1. Position Applying For: _

GENERAL (Please Print)

<i>Last Name</i>	<i>First</i>	<i>Middle</i>
2		
<i>Address/Street/City/State/Zip</i>		
3		
<i>Home Telephone Number</i>	<i>Office Telephone Number</i>	
4		
<i>List other names you have used:</i>		
5		
<i>Email Address</i>		
6		

7. Are you currently employed? YES NO

8. Do you have the legal right to work in the US? YES NO
HEC hires only US citizens and aliens authorized to work in the US. All new employees are required to complete an I9 form and provide documentation establishing identity and employment eligibility within 3 days of hire.

9. Can you travel if a job requires it? YES NO
 Valid driver's license number and State: _____ Expiration Date: _____

10. Have you ever been convicted, pled guilty to, or pled no contest to any criminal offense by any court, since the age of 18? YES NO
Conviction will not necessarily disqualify an applicant from employment.
 If yes, please provide specific date(s) and details: _____

11. Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances from any job or employment within the past 10 years? YES NO
 If yes, please provide specific date(s) and details: _____

12. Do you fluently speak, read, or write (circle) a language other than English?

12. Do you have a high school diploma or GED certificate? YES NO
 If no, circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

13. Provide details on your education and training in the chart below.				
	Name and State of School	Course of Study	Years Completed	Diploma/ Degree
College or University				
Graduate/ Professional				
Other (specify)				

14. List valid licenses and certificates that relate to your qualifications for this position.

Type	Registration # or ID #	Date issued	Expiration date
A.			
B.			
C.			

15. EMPLOYMENT HISTORY

Give complete information for jobs held during the past ten years. Attach additional sheets if more space is needed. Show your present or most recent job first. Verifiable voluntary experience may be considered if job related. Resumes will not be accepted in lieu of completing this section, but may be attached. Inquires may be made of your former employers.

Dates	Employer's Name & Address	Title _____
From _____	_____	Duties Performed _____
To _____	_____	_____
Total Years ___ Mo ___	_____	_____
Supervisor _____		
Full Time _____	Salary/Month \$ _____	
Part Time _____	Hr/Salary \$ _____	
Volunteer _____	Hrs/Week _____	
Reason for Leaving _____		

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Volunteer _____	Hrs/Week _____	
Reason for Leaving _____		

16. REFERENCES

Please list the name and phone number for four PROFESSIONAL references who are not related to you, in which we may contact.

1. Name _____ Phone number (_____) _____
2. Name _____ Phone number (_____) _____
3. Name _____ Phone number (_____) _____
4. Name _____ Phone number (_____) _____

I hereby certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my disqualification from the examination process or dismissal from employment with the Health Education Council.

I authorize the Health Education Council to investigate my references, work record, education or any other matters relating to my suitability for employment. I authorize my former or current employers and educational institutional to release any information they may have concerning my employment or education, to the Health Education Council. I specifically authorize the Health Education Council to use my Driver's License information (if required as part of this application) to conduct a driving record check with the Department of Motor Vehicles. I further give the Health Education Council the right to secure additional information from any source as necessary including, but not limited to, a criminal history record check. I release any and all sources of information from any liability for providing this information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules, policies, and regulations of the Health Education Council. I declare, under penalty of perjury, that all information is correct.

Signature of Applicant _____ Date _____