



**Redwoods Rural Health Center**  
**COMPLETE FAMILY HEALTH CARE**

P.O. Box 769, Redway, CA 95560 Phone (707) 923-2783 FAX (707) 923-2543

**Employment Application for Skilled Worker**

(An Equal Opportunity Employer)

Review the entire application before you begin. Legibility, accuracy, organization and completeness are important.

\_\_\_\_\_  
Last Name First Name Middle Initial

Address where you can be contacted:  
\_\_\_\_\_  
Telephone number where you can be contacted:  
\_\_\_\_\_

Job Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are You Seeking:  Full Time  Part-Time  Temporary?

When are you available for employment? \_\_\_\_\_

What days are you available to work?  M  T  W  Th  F

Have you ever worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

In what position(s)? \_\_\_\_\_

**Education** List any education you completed that you believe qualifies you for the position for which you are applying. Give name of school(s), city(ies) and state(s).

**Other Training/Skills** Have you completed any other training/classes have any othr skills or experiences that are relevant to the position for which you are applying? (Examples: On-the-job safety training, military training, customer service training, computer training, apprenticeships, repair or maintentance training, etc.) Be specific.

**Licenses and Certifications** Do you hold any special licenses or certification relevant to the position for which you are applying? Please provide details.

**Work Experience** Please list your work experience beginning with your most recent job held.  
If you were self-employed, give company name.

Employer:		Name of Last Supervisor	Employment Dates	Pay or Salary
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Address:			From To	Start Final
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Phone:		Your Last Job Title		
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Reason for Leaving

List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company.

Employer:		Name of Last Supervisor	Employment Dates	Pay or Salary
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Address:			From To	Start Final
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Employer:		Name of Last Supervisor	Employment Dates	Pay or Salary
Address:			From To	Start Final
Phone:		Your Last Job Title		
Reason for Leaving				
List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company.				

**References**

Please list three references who can provide us with information about your qualifications to perform the job for which you are applying. Business or job-related references are preferable.

Name	Address	Telephone Number	Occupation

May we contact your present employer?  Yes  No, because (Please state reason)

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Have you been convicted of a felony in the past seven years?  Yes  No, If yes please describe in full. (A felony conviction does not necessarily disqualify you from employment)

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**Certification**

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I authorize each employer, school or person I have named to provide information regarding my employment, education, character and qualifications and release each employer, school or person from all liability for any damages that may result from furnishing information to the company. I understand that if I am employed, I must conform to the company's rules and regulations and that my employment may be terminated with or without cause at the option of either the company or myself.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date