



SOUTH TEXAS FAMILY PLANNING & HEALTH CORPORATION

4455 S. Padre Island Dr., Suite #29
Corpus Christi, TX 78411-5101

Ph: 361/855-7333 – Fax: 361/851-2067 website: www.STFPHC.org

WE CONSIDER APPLICANTS WITHOUT REGARD TO NATIONAL ORIGIN, GENDER, RACE, COLOR, RELIGION, CREED, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION OR ANY OTHER LEGALLY PROTECTED STATUS.

APPLICATION FOR EMPLOYMENT
(EQUAL OPPORTUNITY EMPLOYER)

POSITION AND CLINIC/SITE APPLIED FOR _____ DATE _____

A. PERSONAL INFORMATION (PLEASE PRINT)

SOCIAL SECURITY NUMBER _____

Full Legal Name _____

Current Address (street/city/state/zip) _____

Permanent Address (street/city/state/zip) _____

Cell Phone: _____ Email Address: _____

Home Phone: _____ ARE YOU 18 YEARS OR OLDER? YES NO

SPECIAL QUESTIONS - Answer ONLY the items that are checked in box preceding question:

HOW DID YOU LEARN ABOUT US? AD FRIEND RELATIVE WALK-IN OTHER: _____

ARE YOU ELIGIBLE TO BECOME LAWFULLY EMPLOYED IN THE U.S.? YES NO

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ WRITE

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR (excluding Class C)? YES NO
IF YES, DESCRIBE _____

IF RELATED TO ANYONE IN OUR EMPLOY, OR A MEMBER OF THE AGENCY BOARD OR DIRECTORS,
STATE NAME _____

B. EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You Employed Now? _____ If so may we inquire of your present employer? _____

Ever Applied or Worked with this Agency before? NO YES, When? _____ Where? _____

EDUCATION	Name and Location of School	Years Attended	Graduated? (Yes or No)	Subjects Studied
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Trade, Business, or Correspondence School	_____	_____	_____	_____
	_____	_____	_____	_____

D. GENERAL

Special Job-Related Skills, Medical Experience/Qualifications Acquired from Previous Employment/Experience: _____

Special Interests, Hobbies, Community Services, etc. _____

Why do you want to work for this non-profit organization in this position?

Job Related Training In U.S. Military? _____ Rank _____ Present Membership in National Guard or Reserves YES NO

E. FORMER EMPLOYERS (List below last four employers, starting with last one first)

Date Month and Year	Employer, Address, Supervisor	Salary/ Hr Wage	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

F. REFERENCES: Please list two references. (Persons NOT related to you) Provide complete address and phone information for contact.

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

NOTE TO APPLICANT: Review the Job Description provided for position applied for, requirements of the job, View the agency's website www.STFPHC.org, and answer the following questions:

- Are you capable of performing in a reasonable manner the activities/duties involved with and required for the job for which you have applied? Yes No
- Can you Travel in town and out-of-town as assigned to various clinic sites? Yes No
- Do you have Transportation to & from work and to travel as assigned to other locations with little or no advance notice? Yes No
- Do you fully understand the job you are applying for, duties/qualifications of the position, and the attached job description? Yes No
- Are you able and willing to participate in a telephone pre-screening interview and in-person interview with a team of several interviewers, if called upon for such? Yes No
- Are you willing and able to undergo and pass a drug test and background investigation upon request? Yes No

LIST SKILLS/QUALIFICATIONS YOU HAVE THAT MAKE YOU A GOOD CANDIDATE FOR THIS POSITION:

"I CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT DURING THE FIRST 90 DAY PERIOD WILL BE PROBATIONARY AS REQUIRED BY THE AGENCY PERSONNEL POLICIES."

DATE _____ APPLICANT SIGNATURE _____

*******DO NOT WRITE BELOW THIS LINE*******

INTERVIEWED BY _____ DATE _____

REMARKS/RECOMMENDATIONS: