



# Health And Life Organization, Inc. dba Sacramento Community Clinics

An FQHC-LA 501(c)(3) Non-Profit Organization

[www.halocares.org](http://www.halocares.org)

7275 E. Southgate Dr., Suite 204  
Sacramento, CA 95823  
(916) 428-3788

2200 Del Paso Blvd.  
Sacramento, CA 95815  
(916) 924-7988

5524 Assembly Court  
Sacramento, CA 95823  
(916) 642-1867

3030 Explorer Drive  
Sacramento, CA 95827  
(916) 642- 1868

## EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

<b>Name (Last, First, Middle Initial)</b>		<b>Date of Birth</b>		<b>Social Security No.</b>	
<b>Street Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Phone No.</b>		<b>Email Address</b>			

### EMPLOYMENT DESIRED

<b>Position</b>					<b>Date You Can Start</b>	
<b>Available Hours for Employment</b>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### EDUCATION

<b>Name and Address of School</b>	<b>Dates Attended</b>	<b>Did you graduate?</b>	<b>Degree – Area of Study</b>
High School			
College			
Trade/Business School			
Other education			

### FORMER EMPLOYMENT

<b>Job Title</b>	<b>Name and Address of Employer</b>	<b>Date of Employment</b>	<b>Reason for leaving</b>	<b>Can we contact this employer?</b>

**REFERENCES**

Reference's Name & Address	Company	Relationship to you	Phone No.

**AUTHORIZATION AND ACKNOWLEDGEMENTS**

I affirm that the information I have provided in this application is true to the best of my knowledge and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

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

\_\_\_\_\_  
Date