



**The Norwalk Community Health Center, Inc.**  
**120 Connecticut Avenue**  
**Norwalk, CT 06854-1525**  
**resumes@norwalkchc.org | www.norwalkchc.org**

**INSTRUCTIONS:** Read through all instructions before completing this application form. Type or print answers to ALL questions. This application must be fully completed and signed for further consideration. Please include a resume with the completed application.

The Norwalk Community Health Center, Inc. (NCHC) is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or an employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, or any other legally-recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal opportunity without imposing an undue hardship on the organization. Please inform us if you need assistance completing any forms or to otherwise participate in the application process.

Name (Last)		(First)		(MI)	Suffix (Jr., Dr)	
Street:		Town/City:		State:	Zip Code:	
Area Code/Home Phone		Area Code/Mobile Phone		E-mail Address:		
What position are you applying for						
What date are you available to start?			What is your desired pay rate?			
Are you a US citizen or are you legally authorized to work in the United States for any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to anyone who works here? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please state name and position:						
Language Ability: Do you speak, read or write language(s) other than English? (This information is voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify:						
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SCHOOL	Name	Address/Location	Credit Hours Completed	Major Course of Study	Did you Graduate?	Type of Degree or Certificate Received
TECHNICAL SCHOOL						
COLLEGE OR UNIVERSITY						
GRADUATE SCHOOL						
OTHER EDUCATION						
<b>LICENSES OR CERTIFICATES (i.e. BLS, ACLS, etc.) Proof of educational degrees or certificates will be required if offered employment.</b>						
Kind(s):	Issued by	Date(s) Issued	Expiration Date(s)	No.		
Have there ever been any actions against your professional license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a detailed explanation about the nature of the action and current status.				<b>A copy of your license/certification will be required for employment.</b>		

MILITARY STATUS							
Have you ever served in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch of Service		Date Entered		Date Discharged	Rank at Discharge:
EMPLOYMENT HISTORY							
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				May we contact your present employer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>A. General Experience:</b> Beginning with PRESENT OR MOST RECENT employment and working backward list all positions held for the last ten years. Please complete all information. Please attach a current resume with a description of duties. Continue on a blank sheet of paper if necessary.							
1) Official Job Title		Company Name			Company Address		
Employed from (month/year)		To (month/year)		Full Time:		Part Time: Hours Per Week	
Name of Supervisor			Reason for Leaving				
2) Official Job Title		Company Name			Company Address		
Employed from (month/year)		To (month/year)		Full Time:		Part Time: Hours Per Week	
Name of Supervisor			Reason for Leaving				
3) Official Job Title		Company Name			Company Address		
Employed from (month/year)		To (month/year)		Full Time:		Part Time: Hours Per Week	
Name of Supervisor			Reason for Leaving				
4) Official Job Title		Company Name			Company Address		
Employed from (month/year)		To (month/year)		Full Time:		Part Time: Hours Per Week	
Name of Supervisor			Reason for Leaving				
5) Official Job Title		Company Name			Company Address		
Employed from (month/year)		To (month/year)		Full Time:		Part Time: Hours Per Week	
Name of Supervisor			Reason for Leaving				
<b>Availability</b> (NCHC is open Monday – Thursday 8:00am-8pm; Friday 8:00am – 5:30pm; Saturday 8:00am – 12noon)							
Please put a to – from time for am & pm (ex. 10am – 8pm)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>How did you hear about this opening?</b>							
<input type="checkbox"/> Walk In <input type="checkbox"/> CareerBuilder.com <input type="checkbox"/> Indeed.com <input type="checkbox"/> Employee Referral please specify: <input type="checkbox"/> Other, please specify:							



PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH

\_\_\_\_\_ **Initials** I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

\_\_\_\_\_ **Initials** I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

\_\_\_\_\_ **Initials** I do not have a contract of employment, non-competition agreement or any other agreement with a prior employer that would preclude or limit my employment with NCHC. I agree that I have disclosed the existence of any such agreements.

\_\_\_\_\_ **Initials** I understand employment with the NCHC is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_ **Initials** I understand that an offer of employment is conditioned upon complying with all of NCHC's requirements including, but not limited to, signing any requested consent for NCHC to conduct an investigation or obtain a report about my background and satisfactory completion of a background check.

\_\_\_\_\_ **Initials** I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law or other written agreement signed by both parties.

\_\_\_\_\_ **Initials** I understand that any offer of employment made to me by the NCHC is conditioned upon me completing a medical examination and successfully passing a urinalysis screening to determine substance abuse. The screening will be administered by the NCHC or its designee and results will remain a confidential part of the employee's health record.

\_\_\_\_\_ **Initials** I understand that no representation, whether oral or written, by any representative or agent of NCHC, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of NCHC has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Executive Director or his/her authorized representative.

NAME: \_\_\_\_\_  
(Please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize the Norwalk Community Health Center, Inc. (NCHC) to contact my current and/or former employer(s), educational institution(s), references and other third parties (collectively hereinafter referred to as "Third Parties") to verify and obtain additional information related to the information I have provided in the application and recruitment process and/or to discuss my background, past performance and/or suitability for employment.

I hereby consent to the release and disclosure of information from such Third Parties including performance appraisals and educational degrees. I release, indemnify and hold harmless the NCHC, their officers, employees, agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.

I authorize such Third Parties to release information as requested by the NCHC for pre-employment evaluation purposes. In addition, I hereby relinquish any and all claims, present and future, against any person and/or organization contacted in the exercise of the above granted authority for information given truthfully and in good faith to this inquiry.

I have read carefully and understand and agree to all the terms and conditions of the above statements. I am aware that the NCHC intends to contact my current employer(s) unless I have indicated on my application not to do so unless and until a contingent offer of employment has been made.

NCHC agrees to take all reasonable measures to keep any information received confidential.

A photo/fax copy of this signed form is acceptable authorization.

NAME: \_\_\_\_\_  
(Please print)

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE TO ALL APPLICANTS  
OCCUPATIONAL PHYSICAL AND DRUG SCREEN**

The Norwalk Community Health Center (NCHC) requires that prior to appointment to a NCHC position; an employment candidate may have to complete a medical examination, at the Health Center's expense, by NCHC, or its designee. The medical examination shall include a substance abuse screening which the applicant must successfully pass and which will remain a confidential part of the applicant's health record should the applicant be subsequently employed by NCHC.

I freely agree to submit to a drug screening and physical examination as part of my application for employment. I understand that either refusal or a positive test for illegal drugs or controlled substance will render me ineligible for employment. I also understand that adulterated specimens will be treated as a positive test result. If I am taking prescription medications or over-the-counter medicines, I will advise the Occupational Health Provider of what medicines are being taken.

I have read in full and understand the statements and conditions of employment. I also understand that I will be provided a copy of any positive test results.

NAME: \_\_\_\_\_  
(Please print)

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

## EMPLOYEE QUESTIONNAIRE FOR SELF-IDENTIFICATION OF RACE/ETHNICITY

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin. This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

### INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.