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LIST ALL TRADE OR VOCATIONAL SCHOOLS ATTENDED	DATE COMPLETED	MAJOR SUBJECT	FOREIGN LANGUAGE	SPEAK	READ	WRITE
				<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
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			AMESLAN (Am. Sign Language)	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		

SCHOLASTIC HONORS RECEIVED

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DO YOU HAVE OR HAVE YOU EVER APPLIED FOR A CALIFORNIA PROFESSIONAL LICENSE, CERTIFICATE OR REGISTRATION?

YES NO

NUMBER	TYPE	DATE OF EXPIRATION	IF PENDING GIVE DATE APPLICATION STARTED

IN WHAT PROFESSIONAL ASSOCIATIONS DO YOU MAINTAIN MEMBERSHIP?

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LIST MILITARY AS WELL AS CIVILIAN JOBS

DATES EMPLOYED	LIST LAST EMPLOYER FIRST	JOB DESCRIPTION AND TITLE	RATE OF PAY	REASON FOR LEAVING
FROM	NAME OF EMPLOYER	TITLE	START	
MO. YR.	STREET ADDRESS	DUTIES		
	CITY, STATE, ZIP			
TO	TELEPHONE		LAST	
MO. YR.	SUPERVISOR			

BUSINESS EXPERIENCE

DATES EMPLOYED		LIST LAST EMPLOYER FIRST		JOB DESCRIPTION AND TITLE		RATE OF PAY	REASON FOR LEAVING
FROM MO. YR.		NAME OF EMPLOYER		TITLE		START	
		STREET ADDRESS		DUTIES			
		CITY, STATE, ZIP					
TO MO. YR.		TELEPHONE				LAST	
		SUPERVISOR					
FROM MO. YR.		NAME OF EMPLOYER		TITLE		START	
		STREET ADDRESS		DUTIES			
		CITY, STATE, ZIP					
TO MO. YR.		TELEPHONE				LAST	
		SUPERVISOR					

PLEASE ADD ADDITIONAL INFORMATION ABOUT YOURSELF WHICH YOU FEEL WILL HELP US UNDERSTAND YOUR QUALIFICATIONS FOR THE POSITION

IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER WORKED UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT NAME(S)	WHICH COMPANY OR ORGANIZATION?
SPEEDWRITING SPEED WPM	SHORTHAND SPEED WPM	NET TYPING SPEED WPM	OTHER MACHINES OPERATED SKILLFULLY

MEDICAL STATUS

THIS EMPLOYER IS A GOVERNMENT CONTRACTOR SUBJECT TO SECTION 503 OF THE REHABILITATION ACT OF 1973, WHICH REQUIRES GOVERNMENT CONTRACTORS TO TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED HANDICAPPED INDIVIDUALS. IF YOU HAVE SUCH A HANDICAP, PLEASE TELL US. THIS INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO REJECTION FROM EMPLOYMENT, DISCHARGE OR OTHER DISCIPLINARY TREATMENT. HOWEVER, IN ORDER TO ASSURE PROPER PLACEMENT OF ALL EMPLOYEES, WE DO REQUEST THAT YOU ANSWER THE FOLLOWING QUESTION:

AFTER HAVING REVIEWED THE JOB DESCRIPTION FOR THE POSITION THAT YOU ARE APPLYING FOR, CAN YOU PERFORM THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION?

YES NO

IF YES, PLEASE DESCRIBE:

NAME THREE PERSONS NOT RELATED TO YOU WHO CAN ATTEST TO YOUR EXPERIENCE AND QUALIFICATIONS

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE	OCCUPATION
1.						
2.						
3.						

REFERENCES

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. MISREPRESENTATION OR OMISSION OF MATERIAL FACTS (I.E., FACTS RELATED TO MY QUALIFICATIONS FOR THE POSITION FOR WHICH I AM APPLYING) MAY BE JUSTIFICATION FOR REFUSAL OF OR, IF EMPLOYED, TERMINATION OF EMPLOYMENT. I FURTHER AUTHORIZE ALL FORMER EMPLOYERS, SCHOOLS (PROFESSIONAL AND VOCATIONAL) AND PERSONS NAMED ABOVE TO FURNISH REFERENCES AND ANY FACTS WHICH MAY BE PERTINENT TO MY EMPLOYMENT. I UNDERSTAND THAT EMPLOYMENT IS ALSO CONTINGENT UPON PASSING A PHYSICAL EXAMINATION.

SIGNATURE

DATE SIGNED

DUE TO THE 1986 IMMIGRATION REFORM AND CONTROL ACT, PRIOR TO EMPLOYMENT YOU MUST FURNISH PROOF OF YOUR IDENTITY AND ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES



La ClínicaSM

EMPLOYMENT QUESTIONNAIRE

MAILING ADDRESS: 1515 FRUITVALE AVENUE, OAKLAND, CA 94601

NAME OF APPLICANT _____

1. ARE YOU CURRENTLY OR HAVE YOU BEEN PREVIOUSLY A MEMBER OF LA CLINICA'S BOARD OF DIRECTORS?

YES NO

IF YES, PLEASE PROVIDE DATES:

2. DO YOU HAVE ANY RELATIVES ON LA CLINICA'S BOARD OF DIRECTORS?*

YES NO

IF YES, PLEASE PROVIDE NAME(S) AND RELATIONSHIP(S):

3. DO YOU HAVE ANY RELATIVES CURRENTLY WORKING AT LA CLINICA?*

YES NO

IF YES, PLEASE PROVIDE NAME(S) AND RELATIONSHIP(S):

4. ARE YOU A DIRECTOR OF A GOVERNING BOARD OR COMMISSION THAT HAS EITHER A FINANCIAL OR REGULATORY OVERSIGHT ON LA CLINICA DE LA RAZA?

YES NO

IF YES, PLEASE SPECIFY:

5. ARE YOU AN EMPLOYEE, OFFICER OR DIRECTOR OF ANOTHER COMMUNITY-BASED ORGANIZATION?

YES NO

IF YES, PLEASE SPECIFY:

6. ARE YOU CURRENTLY OR ARE YOU PLANNING TO RECEIVE FUNDS PURSUANT TO A CONTRACT FROM ALAMEDA COUNTY AS AN INDEPENDENT CONTRACTOR OR EMPLOYEE OF ANOTHER AGENCY?

YES NO

IF YES, PLEASE SPECIFY WHAT TYPE:

*RELATIVES IN THIS CASE ARE CONSIDERED TO BE BY BLOOD OR MARRIAGE.



La ClínicaSM

MAILING ADDRESS: 1515 FRUITVALE AVENUE, OAKLAND, CA 94601

HUMAN RESOURCES

1450 FRUITVALE AVENUE, SUITE H, OAKLAND, CA 94601 • 510-535-4000

IDENTIFICATION SURVEY

PRIVACY NOTIFICATION STATEMENT

1. La Clínica is subject to Title VII of the Civil Rights Act of 1964, Executive Order 11246, Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Veterans readjustment Act of 1974.
2. The Personnel Office requests the information on this form to conduct statistical research and analyses in accordance with the regulations noted above.
3. There is no requirement that you complete this form. It is strictly voluntary on your part. However, your cooperation will enable the organization to meet its obligations under the regulations. In the event you do not complete this form, the requested information will be determined by visual observation and other appropriate means.
4. This information will not be attached to your employment application and will be treated in a confidential manner. However, the information will be used to compile statistical reports and analyses for our Affirmative Action Program and is available to Governmental Agencies responsible for the enforcement of Civil Rights Laws, at their request.

RACE / ETHNIC DESIGNATION

INSTRUCTIONS: Please check appropriate category:

Race/Ethnic designations as used by the Federal Government do not denote scientific definitions of anthropological origins. For the purposes of this survey, an employee or applicant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories used for this survey are:

- WHITE** (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK** (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
- HISPANIC** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN** or **PACIFIC ISLANDER** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- AMERICAN INDIAN** or **ALASKA NATIVE** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

OTHER INFORMATION

- MALE FEMALE VETERAN OF VIETNAM ERA DISABLED VETERAN

After having reviewed the job description for the position for which you are applying, can you perform the job with or without reasonable accommodation?

- HEARING SPEECH SIGHT PHYSICAL DEVELOPMENTAL OTHER*

*PLEASE NOTE:



La Clínica SM

**La Clínica
de La Raza**

1515 Fruitvale Ave.
Oakland, CA 94601
Tel 510-535-4000
Fax 510-535-4189

**San Antonio
Neighborhood
Health Center**

1030 International Blvd.
Oakland, CA 94606
Tel 510-238-5400
Fax 510-238-5437

Clínica Alta Vista

1515 Fruitvale Ave.
Oakland, CA 94601
Tel 510-535-6300
Fax 510-535-4019

Family Optical

3060 B. East 9th St.
(Fruitvale Station
Shopping Center)
Oakland, CA 94601
Tel 510-535-4141

La Clínica Pittsburg

335 E. Leland Road
Pittsburg, CA 94565
Tel 925-431-1259
Fax 925-431-1247

La Clínica Vallejo

243 Georgia St., Suite. B
Vallejo, CA 94590
Tel 707-556-8100
Fax 707-556-8107

La Clínica Monument

2100 Monument Blvd, Ste. 8
Pleasant Hill, CA 94523
Tel 925-363-2000
Fax 925-363-2006

www.laclinica.org

A member of
Alameda Health Consortium
California Primary Care Association
National Alliance
for Hispanic Health
National Association of Community
Health Centers
National Council of La Raza
United Way

CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that La Clínica de La Raza will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment.

I understand that the consumer reporting agency will conduct an investigation, which may include obtaining information covering up to the last seven (7) years regarding misdemeanor and felony criminal convictions, identification of individuals who may have been designated as excluded from healthcare occupations due to previous history of patient abuse or neglect, references, past employment, professional licensure, academic records, and driving records.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under Fair Credit Reporting Act.

I hereby consent to this investigation and authorize La Clínica de La Raza to procure a report on my background as stated above from a consumer reporting agency.

SIGNATURE OF APPLICANT

DATE

PRINT NAME

DATE OF BIRTH

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CPA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:	
For Questions or Concerns Regarding:	Please Contact:
CRAs, creditors and others not listed below	Federal; Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Controller of the Currency/Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Consumer and Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Admin. 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corp. Division of Compliance & Customer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051