



La Clínica

MAILING ADDRESS: 1515 FRUITVALE AVENUE, OAKLAND, CA 94601

HUMAN RESOURCES

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

EMPLOYMENT APPLICATION FOR LICENSED PERSONNEL

PLEASE INCLUDE CURRENT C.V.

La Clínica de La Raza - Fruitvale Health Project, Inc. is an equal opportunity employer and selects the best matched individual for the job.

Last	First	Middle	Date	
Name: _____				
Street		City	State	Zip Code

Current Address: _____

Home Phone: _____ Work/Mess: _____ Social Security # _____

REFERRED BY

Prof. Assoc. Ad Job Announ. Friend **Specify Source:** _____

Specialty	Sub-specialty	American Specialty Board Certification (Title)	American Specialty Board Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No
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Position applying for:	Date available to work:
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ARE YOU WILLING TO WORK

Days Evenings Nights Weekdays Weekends
 Full-time Part-time

ARE YOU WILLING TO ACCEPT

Regular Temporary
 Substitute On-Call

Do you have any scheduling restrictions?

Yes No Explain: _____

PROFESSIONAL CERTIFICATION

License type	State	#	Expiration Date
_____	_____	_____	_____
License type	State	#	Expiration Date
_____	_____	_____	_____
License type	State	#	Expiration Date
_____	_____	_____	_____
DEA Registration	#		Expiration Date
_____	_____		_____
Medi-Cal Provider	#		Expiration Date
_____	_____		_____
C.P.R. Certification	#		Expiration Date
_____	_____		_____
P.A. Supervision Card	#		Expiration Date
_____	_____		_____

EDUCATIONAL HISTORY

	Institution & Location	Academic Subjects	Dates	Degree
College				
Other Pre-Med/ Dental Study				
Med/Dental/ Grad School				
Internships				
Residencies				
Fellowships				

SPECIAL SKILLS _____

CLINICAL EXPERIENCE

From	To	Organization / Position Title (if applicable)	Address & Telephone Number

TEACHING EXPERIENCE

From	To	Institution & type of teaching done	Address & Telephone Number

HONORS, AWARDS, PUBLICATIONS (use separate sheet if necessary)

SCOPE OF PRACTICE

A. Please indicate preference to certain groups of patients (eg, adults, children)

B. Please indicate any particular interest you have in health care (eg., diabetes, children's nutrition)

COMMUNITY SERVICES & OTHER INTERESTS

List any paid or volunteer experience you have had with community service organizations, including position, dates and comments, and any other pertinent experience and/or interests.

FOREIGN LANGUAGE ABILITY

Verbal _____ 0 1 2 3 4
 Written _____ 0 1 2 3 4
 Verbal _____ 0 1 2 3 4
 Written _____ 0 1 2 3 4
 Verbal _____ 0 1 2 3 4
 Written _____ 0 1 2 3 4

4 = Fluent
 3 = Can usually do good history and physical unassisted.
 2 = Some assistance needed.
 1 = Marginal
 0 = None

PROFESSIONAL ORGANIZATION MEMBERSHIP

POSITION (IF APPLICABLE)

DATES

PROFESSIONAL ORGANIZATION MEMBERSHIP	POSITION (IF APPLICABLE)	DATES

CURRENT HOSPITAL PRIVILEGES

Hospital	Location	Type of Admitting Privileges	Length of Association

CURRENT MALPRACTICE COVERAGE

YES NO

Carrier Name _____ Limits _____
 Address _____ Policy # _____

1. Have you ever had your license revoked or been suspended from practice? Yes No
2. Have you ever lost privileges or had them reduced, curtailed, or revoked in any practice setting as a disciplinary action? Yes No
3. Have you ever voluntarily left a clinical position to avoid disciplinary action? Yes No
4. Have you ever been party to a malpractice suit? Yes No
5. Have you ever been connected or convicted of a felony, possession or abuse of controlled substances, or theft from an employer? Yes No

Please explain any "yes" answers on a separate sheet and attach to application.

LIMITATIONS

Do you have any health or physical limitations which could reasonably be expected to interfere with your practice? Yes No

If yes, explain: _____

ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD

REFERENCES

List names, addresses and telephone numbers of three physicians/dentists who have supervised your clinical practice or have worked with you professionally within the last 3 years.

If #2 or #3 below are not applicable, substitute with another provider.

1. Chief of Residency Training Program _____

2. Associate in Practice (if applicable) _____

3. Employer (if applicable) _____

I authorize La Clínica de La Raza - Fruitvale Health Project, Inc. and their representatives to consult with persons associated with other hospitals/practices with which I have been associated and to inspect any records of such hospitals, or of other organizations or individuals, that may be material to the evaluation of my professional qualifications, competence, personality, and ethics. I hereby release from any liability all representatives of La Clínica de La Raza - Fruitvale Health Project, Inc., for any acts performed in good faith in connection with the evaluation of my application and credentials and I release from liability all individuals and organizations which, in good faith, provide information to La Clínica de La Raza - Fruitvale Health Project, Inc., including otherwise privileged or confidential information.

Signature of Applicant _____ Date _____

MANDATORY — SUBMIT WITH APPLICATION: Indicate with a check mark

DEA/BNDD photostat

California License photostat

CPR photostat

PA Supervision photostat

**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**

IDENTIFICATION SURVEY

PRIVACY NOTIFICATION STATEMENT

1. La Clínica de La Raza - Fruitvale Health Project, Inc. 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

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

Do you have a physical or mental impairment which has impeded your obtaining employment?

- Hearing Speech Sight Physical Developmental Other *

* Please Note: _____



La ClínicaSM

**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 Clinica 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 Clinica 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 and 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