



**Mendocino Coast Clinics, Inc.**  
Community Health Center  
205 South Street, Fort Bragg, CA 95437  
[www.mccinc.org](http://www.mccinc.org) 707-964-1251

**APPLICATION FOR POSITION / Mendocino Coast Clinics  
AN EQUAL OPPORTUNITY EMPLOYER**

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_ Yes \_\_\_ No

Have you ever been terminated from employment or asked to resign by an employer?  
\_\_\_ Yes \_\_\_ No

If yes, please provide company names and details \_\_\_\_\_

Can you work any shift? \_\_\_ Yes \_\_\_ No

Can you work overtime if necessary: \_\_\_ Yes \_\_\_ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_ Yes \_\_\_ No

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**EMPLOYMENT INFORMATION**

Position desired \_\_\_\_\_

Date you can start \_\_\_\_\_ Rate/Salary desired \_\_\_\_\_

Are you currently employed? \_\_\_ If so may we contact your present employer for a reference?  
Yes \_\_\_ No \_\_\_

**REFERRAL SOURCE**

How did you hear about us? Walk In \_\_\_ Advertisement \_\_\_ Referred by \_\_\_\_\_ Other \_\_\_



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Have you ever worked for this company before?  
 \_\_\_ Yes \_\_\_ No Explain \_\_\_\_\_

Do you know anyone who works for our company? \_\_\_ Yes \_\_\_ No

If yes, who? \_\_\_\_\_

EDUCATION	Name and Location of School	No. of Yrs. Attended	Degree Received	Subjects Studied/Major
High School or GED				
College or University				
Trade, Business or Correspondence School				

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

1. Employer Name	From:	To:	Telephone Number
Job Title	Address:		Supervisor & Title
Summarize the nature of work and job responsibilities:			
Reason for Leaving			
2. Employer Name	From:	To:	Telephone Number
Job Title	Address:		Supervisor & Title



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Summarize the nature of work and job responsibilities:			
Reason for Leaving			
3. Employer Name	From:	To:	Telephone Number
Job Title	Address:		Supervisor & Title
Summarize the nature of work and job responsibilities:			
Reason for Leaving			

Do you have any skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

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Computer Skills (please describe):

**REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			



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**Please read carefully before signing.**

Mendocino Coast Clinics is an equal opportunity employer. Mendocino Coast Clinics does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Mendocino Coast Clinics to hire me. If I am hired, I understand that either Mendocino Coast Clinics or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Mendocino Coast Clinics has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Mendocino Coast Clinics true and complete information on this application. No requested information has been concealed. I authorize Mendocino Coast Clinics to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE SIGNED/DATED ABOVE.**