



7761 Garden Grove Blvd.  
 Garden Grove, CA 92841  
 Phone: (714) 898-8888  
 Fax: (714) 908-8097

**APPLICATION FOR EMPLOYMENT**

Nhan Hoa Comprehensive Health Care Clinic (“**Nhan Hoa**”) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics.

In addition to federal law requirements, Nhan Hoa complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Please return the completed form with attached resume to Human Resources at [nh-hr@nhanhoa.org](mailto:nh-hr@nhanhoa.org).

**PERSONAL INFORMATION**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Referred By: \_\_\_\_\_

Have you ever worked at Nhan Hoa? \_\_\_\_\_ If yes, dates: \_\_\_\_\_

What status are you applying for?     Full Time             Part-Time             Contractor

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:    Female    Male

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ DL & State: \_\_\_\_\_

Have you ever been convicted with or without trial, or pleaded guilty, or no contest to, or otherwise been found guilty of a felony or misdemeanor other than a traffic violation?  Yes  No. If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Are you legally permitted to work in the United States?    Yes    No

Are you 18 years or older?    Yes    No

**EDUCATION RECORD**

	City & State	From: (Mo./Yr.)	To: (Mo./Yr.)	Degree(s) Obtained	Major/Subject	GPA or Standing
High School						
College/University						
Graduate						

Other Education Training (including business, trade, or military service schools, etc.)

## AVAILABILITY

Please indicate the shift(s) and day(s) of the week you are available to work. This information will help us determine the possible position openings that may be of interest to you.

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed.: \_\_\_\_\_ Thurs.: \_\_\_\_\_ Fri.: \_\_\_\_\_ Sat.: \_\_\_\_\_

\*\*\* Nhan Hoa will attempt to accommodate the hours you have indicated; however, scheduling is prioritized in accordance to staffing needs of patient care.

## LICENSES

Please list the current license(s) that you are holding

License type (e.g., Physician, PA, NP, RN)	License Number	State	Expiration Date (MM/DD/YYYY)

## EMPLOYMENT/VOLUNTEER HISTORY

(List your last three employers/volunteers, starting with the most recent one first.)

1. Employer/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Accomplishments: \_\_\_\_\_

May we contact this employer or supervisor?  Yes  No

2. Employer/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Accomplishments: \_\_\_\_\_

May we contact this employer or supervisor?  Yes  No

## PROFESSIONAL REFERENCES

Name a few persons, preferably former supervisors familiar with your qualifications, whom we have your permission to contact.

Name	Company & Phone	Years Known	Relationship

CONTRACTING RELATIONSHIP AGREEMENT AND VERIFICATION STATEMENT

To complete the application, please review, acknowledge, and sign below if you agree to the following conditions of services at Nhan Hoa Comprehensive Health Care Clinic.

- It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Nhan Hoa Comprehensive Health Care Clinic's ("Nhan Hoa") services if I have been employment or the contractor agreement. Furthermore, I understand that just as I am free to resign at any time if I am an employee, Nhan Hoa reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Nhan Hoa has the authority to make any assurances to the contrary. Nhan Hoa Comprehensive Health care Clinic is an at-will employer. If I were offered as an independent contractor, the terms of the independent contractor agreement will govern termination rights of each party.
- I hereby authorize and hold harmless Nhan Hoa Comprehensive Health Care Clinic to thoroughly investigate my references, work record, education, to perform third party verification of degrees and/or licenses, and other matters related to my suitability for services and, further, authorize my former employers to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release and hold harmless Nhan Hoa Comprehensive Health Care Clinic, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
- If I am hired/contracted I understand that working at Nhan Hoa Comprehensive Health Care Clinic may be contingent upon: having a pre-employment Physical Assessment and a TB screening; receiving a criminal record clearance from the CA Department of Justice and/or authorizing a background screening. If I refuse to participate in these, when required, I understand that Nhan Hoa Comprehensive Health Care Clinic will consider my application withdrawn.
- If hired, I understand I must provide evidence of my identity and authorization to accept immediate employment in the United States and evidence of all degrees and licenses stated in this application or on my resume.
- I understand that if hired/contracted, in order to drive for the agency I must have and maintain a good driving record as determined by the Agency's insurance carrier, a current California driver's license and provide proof of personal vehicle insurance coverage. I authorize Nhan Hoa Comprehensive Health Care Clinic to check the status of my driving record prior to hire if my position requires driving, to ensure that I am eligible to be an authorized driver for the agency.
- Nhan Hoa Comprehensive Health Care Clinic values a diverse workforce. We are an equal opportunity employer. Nhan Hoa Comprehensive Health Care Clinic does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- **Electronic Signature Agreement.** By selecting the "I Accept" button, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application. By selecting "I Accept" you consent to be legally bound by this application's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide, or in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature , acceptance and agreement as if actually signed by you in writing

I Accept

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



7761 Garden Grove Blvd.  
 Garden Grove, CA 92841  
 Phone: (714) 898-8888  
 Fax: (714) 908-8097

## AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS

I have read and understand the Disclosure, and authorize Nhan Hoa Comprehensive Health Care Clinic (“**Nhan Hoa**”) to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and/or volunteer opportunity and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

By signing below, I hereby authorize the Nhan Hoa Comprehensive Health Care Clinic without reservation, any party or agency contact by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

I hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Nhan Hoa with any and all background information in their possession regarding you, in order that my employment qualifications may be evaluated.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Current Address: Number and Street	City	State	Zip	County	Years
------------------------------------	------	-------	-----	--------	-------

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ \*

Previous name (if any): \_\_\_\_\_

Driver License: \_\_\_\_\_ State Issued: \_\_\_\_\_

Additional driver license (if applicable): \_\_\_\_\_ State Issued: \_\_\_\_\_

**Previous Addresses within the last seven (7) years (attach additional pages if necessary):**

Number and Street	City	State	Zip	County	Years
Number and Street	City	State	Zip	County	Years
Number and Street	City	State	Zip	County	Years

You have the right to receive a copy of your report free of charge should one be requested for employment purposes. I  
 do  do not wish to receive a copy of my report should one be ordered.

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

**\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**



7761 Garden Grove Blvd.  
Garden Grove, CA 92841  
Phone: (714) 898-8888  
Fax: (714) 908-8097

## DISCLOSURE REGARDING CONSUMER REPORTS FOR EMPLOYMENT/VOLUNTEER PURPOSES

### DISCLOSURE

In considering you for employment and/or volunteer opportunity (collectively, “**employment**”) and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Nhan Hoa Comprehensive Health Care Clinic (“**Nhan Hoa**” or “**the Company**”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related or volunteer related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“**FCRA**”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization.

### AUTHORIZATION, NOTIFICATION, AND RELEASE FORM

By signing below, I understand and am hereby notify and authorize to procure a report for evaluation of me for volunteer work/employment. I understand that these reports may contain information from public records, including written, oral, or other communications bearing on character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to, criminal history, motor vehicle records, DOT verifications, military background, civil listings, education background, and professional background, from any individual, corporation, partnership, law enforcement agency, institution, school, organization, state board, licensing agency, and other entities including present and past employers.

I further understand and am hereby notified that an investigative report may contain information from public records, including but not limited to, written, oral or other communications bearing on, character, general reputation, personal characteristics, or mode of living which may be obtained through personal interviews with neighbors, friends or associates of me and may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to, investigations regarding worker’s compensation, harassment, violence, theft, or fraud.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Nhan Hoa Comprehensive Health Care Clinic.

#### **FOR PROCUREMENT OF BACKGROUND REPORT**

I have received and reviewed a copy of the Summary of Rights under the California Investigative Consumer Reporting Agencies Act. I understand that I have the right to request to **IntelliCorp Records, Inc.**, in writing and upon proper identification, to request the nature and substance of all information in its files on me at Nhan Hoa used for the background check at the time of my request; including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request. IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

#### **ADDITIONAL NOTES**

Nhan Hoa Comprehensive Health Care Clinic and the California Fair Employment and Housing Act (“**FEHA**”) prohibits any non-job related inquiries of applicants or employees, either verbally or through the use of an application form, that express, directly or indirectly a limitation, specification or discrimination as to race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation, or any intent to make such a limitation, specification, or discrimination.

As a California resident you do not need to include a prior arrest that did not lead to conviction, nor your referral to or participation in a pretrial or post-trial diversion program. You do not need to reveal convictions that have been sealed, expunged, or statutorily eradicated.

Nhan Hoa would request your explanation of arrests for which you are awaiting trial (for example, the applicant is out on bail or has been released on his or her own recognizance pending trial). However, Nhan Hoa may ask job-related questions relating to a conviction.

Background Investigation Authorization: Information Sheets  
California Investigative Consumer Reporting Agencies Act

COMPLETE TEXT OF SECTION OF THE LAW CONTAINING THE REQUIRED NOTICE TO  
CONSUMERS

The section of the California Civil Code, which are your rights under the Amended Act, are set out below in full.

§1786.22.

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
- (1) In person, if he/she appears in person and furnishes proper identification. A copy of his/her file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
  - (2) By certified mail, if he/she makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailing under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
  - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his/her identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him/her pursuant to Section 1786.10
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's files in such person's presence.
- (g) You have the right to know the names of the person and companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.