

APPLICATION FOR EMPLOYMENT

CIS is an equal opportunity employer. Applicants for all positions are considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

APPLICANT INFORMATION	ON (please print)			
Date of Application:	Position(s) Applied For:			
CIS Clinic Location(s) Applie	d For:			
Last Name	First Name	Middle Nam	e	
Address:				
number	street apt # if applicable	city	state zip o	ode
Telephone Numbers (include are	ea codes): home	cell		
E-Mail Address:	Soci	al Security #:		
Please check off VFS	or NO and/or provide additi	onal information	: YES	NO
	ge, can you provide required pr			110
Have you ever filed an applica	ation with CIS before?			
****If you have previously	filed an application, give the	date →		
Are you currently employed?				
May we contact your present	employer?			
	lly becoming employed in this c		/isa	
	citizenship or immigration status will be req			<u> </u>
	vailable to work? Date or timef		- Tomp	
	☐ Full time ☐ Part Time " status and subject to recall?	□ SHIIL VVOIK	□ Temp	Jiary
Can you travel if your job requ	•			
	felony within the last 7 years?			
(Conviction will not necessarily disqualify	an applicant from employment.)			
ii you nave been convic	ted of a felony, please explain:			
How did you learn about C	IS?			
□ Advertisement	□ Employment Agency	y 🗆 Friend	□ Relative)
⊓ Walk-in ⊓ Othe	۵r			

EDUCATION	Name and Location of School	Course of Study	Years Completed	Diploma/Degree
Elementary				
High School				
Undergraduate				
College				
Graduate				
Professional				
Other				
(specify)				
Indicate any forei	gn languages you spea	ık:		
Describe any spe	cialized training, appre	nticeship, skills, and	extracurricu	ar activities:
Describe any job-	related training receive	d in the United State	s military:	
OTHER QUAL				
(Summarize special)	job-related skills and qualific	cations acquired from em	ployment or ot	her experience.)
SPECIALIZED	SKILLS (check skill	ls/equipment operate	ed)	
□ Transcri		□ Telephone Switch□ Word Perfect	board	
□ Compute		□ Word Periect □ Microsoft Word	Vorcion:	
□ Typewrit □ Fax		□ Excel	version	
⊔ rax □ Calculate		□ Power Point		
		□ Microsoft Project		
□ LIGUIUII	io i icaitii i (CCOIUS	- MICIOSOILI IOJECL		
Other:				
O4-4				

State any additional information that you feel may be helpful to CIS in considering your application:

EMPLOYMENT EXPERIENCE

Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status.

Employer (Present or Last)	ployer (Present or Last) Dates Employed		Work Performed
	From	То	
Address			
Telephone Number (s)	Hourly Rate/Salary		
, ,	Starting	Final	
Job Title			Supervisor
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	То	
Address			
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			Supervisor
Reason for Leaving			
	Dates Employed		
Employer	Dates E	mployed	Work Performed
Employer	Dates E From	mployed To	Work Performed
Employer Address			Work Performed
	From		Work Performed
Address	From	То	Work Performed
Address	From Hourly Ra	To ate/Salary	Work Performed Supervisor
Address Telephone Number (s)	From Hourly Ra	To ate/Salary	
Address Telephone Number (s) Job Title Reason for Leaving	From Hourly Ra	To ate/Salary Final	
Address Telephone Number (s) Job Title	From Hourly Ra Starting	To ate/Salary Final	Supervisor
Address Telephone Number (s) Job Title Reason for Leaving	From Hourly Ra Starting Dates E	To ate/Salary Final mployed	Supervisor
Address Telephone Number (s) Job Title Reason for Leaving Employer Address	From Hourly Ra Starting Dates E From	To ate/Salary Final mployed To	Supervisor
Address Telephone Number (s) Job Title Reason for Leaving Employer	From Hourly Ra Starting Dates E From	To ate/Salary Final mployed	Supervisor
Address Telephone Number (s) Job Title Reason for Leaving Employer Address	From Hourly Ra Starting Dates E From Hourly Ra	To ate/Salary Final mployed To ate/Salary	Supervisor

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or o		
(You may exclude membership which would rev		ı, national origin,
age, ancestry, disability or other protected statu	ls.)	
PROFESSIONAL LICENSES		
Type of License	License Number	r State Issued
REFERENCES		Phone #
Professional or Work Related		
Personal		
1 613011di		
APPLICANT'S STATEMENT I certify that answers given herein are true and authorize investigation of all statements containing the processor of a period of time employment, I understand that false or mislead interview(s) may result in discharge. I understate rules, regulations, policies and/or procedures of Signature of Applicant	ined in this application for the decision. This application is application in the not to exceed 45 days ding information given in and, also, that I am requiring the employer.	or employment as in for employment is. In the event of my application or ed to abide by all
Signature of Applicant	De	ate
For Office U	se Only	
Arrange Interview: □ Yes □ No Remarks:		
Interviewer:):
		•
Employed: □ Yes □ No Date of Employ	yment:	
Job Title By:	Hourly rate/salary _	
Department By: Name a	 ind Title	 Date
	illa illas	Date