

華埠健康診所基金會  
Chinatown Health Clinic Foundation

**Application for Employment**

Chinatown Health Clinic Foundation does not discriminate on the basis of race, creed, color, religion, national origin, ethnicity, gender, gender identity, sex, age, pregnancy, disability, marital status, sexual orientation and citizenship status in any employment decisions, including but not limited to recruitment, hiring, compensation, training and apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off and termination, and all other terms and conditions of employment.

Date of Application: \_\_\_\_\_ Date Available: \_\_\_\_\_

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

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

City State Zip Code

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**Position Applying For: Chief Development Officer**

Are you authorized to work in the U.S.? Yes  No

Will you now or in the future require sponsorship  
for employment visa status? Yes  No

Please mention any language capabilities you have and your level of fluency with each.  
(e.g. beginner, intermediate, advanced, fluent) Example: Chinese Mandarin – speak, fluent.

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

What are you salary requirements? \_\_\_\_\_

Will you accept employment for: Full time  Part time

How did you learn of this opening? \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed at Charles B. Wang Community Health Center as a:

Paid Employee  Volunteer  Other  \_\_\_\_\_  
Please specify position

If yes: Dates: \_\_\_\_\_ to \_\_\_\_\_ Department: \_\_\_\_\_

Do you have any relative(s) employed with Charles B. Wang Community Health Center?

Yes  No  If you selected yes, please provide the full name of the employee(s), your relationship with them and their work location.

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Do you have any relative(s) that is a Board Member of Chinatown Health Clinic Foundation and/or Charles B. Wang Community Health Center?

Yes  No  If you selected yes, please provide the full name of the Board Member.

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Professional References: Chinatown Health Clinic Foundation requires applicants to list at least ONE REFERENCE in order for application to be considered. Additional references are strongly recommended.

May we contact your current or previous employers as references?

Yes  If yes, please provide name, title and phone/email contact of business/work reference and the relationship to you

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No  If not, please specify the reasons: \_\_\_\_\_

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Employment and Education History: Please submit application with full resume.

Describe any other special training or skills related to the position for which you are applying:

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I understand that any misrepresentation or omission on this application or during the interview shall be sufficient cause for rejection of this application or dismissal if I am employed. I hereby certify that the above information is correct and accurate and I authorize the Chinatown Health Clinic Foundation to verify any and all information within this application.

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Signature

Date