



ASIAN HEALTH SERVICES  
 818 Webster Street  
 Oakland, CA 94607-4277  
 Tel: (510) 986-6830  
 Fax: (510) 986-6890

## Nurse Practitioner Fellowship Application

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

### **General Information**

Last Name		First Name		Middle Name	
Address:	Street Number	City	State	Zip Code	
Cell Phone: ( )		Email Address:			
NPI:		CA RN License:			

Have you ever applied to or worked for Asian Health Services before?  Yes  No

If Yes, give date \_\_\_\_\_

Do you have any friends or relatives working for Asian Health Services?  Yes  No

If Yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Have you ever been convicted of a criminal offense (felony/misdemeanor)?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment. If Yes, state the nature of the crime(s), when and where convicted, and disposition of the case.*

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

## **Employment History**

*Start with your present or last job. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.*

Employer	Dates Employed From:	Work Performed
Address		
Telephone No.	To:	
Job Title		
Reason for Leaving:		

Employer	Dates Employed From:	Work Performed
Address		
Telephone No.	To:	
Job Title		
Reason for Leaving:		

Employer	Dates Employed From:	Work Performed
Address		
Telephone No.	To:	
Job Title		
Reason for Leaving:		

Employer	Dates Employed From:	Work Performed
Address		
Telephone No.	To:	
Job Title		
Reason for Leaving:		

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

**Education, Training, and Skills**

	Institution Name & Address	Major	Year initiated and completed	Degree Earned
Undergraduate				
Graduate Professional				

Indicate any language(s) other than English that you can speak, example Cantonese, Laotian, Tagalog, etc.

Language	Speak/Read/Write	Fluency (Excellent, Good, Fair)

**References**

1	Name: Relationship/Title:	Phone Number: Email Address:
2	Name: Relationship/Title:	Phone Number: Email Address:
3	Name: Relationship/Title:	Phone Number: Email Address:

**Additional Information**

*State any additional information you feel may be helpful for Asian Health Services to consider in your application for employment.*

## **Application Attestation**

*Please read carefully, initial each paragraph and sign below*

<p>_____ Initials</p>	<p>I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</p>
<p>_____ Initials</p>	<p>I hereby authorize Asian Health Services to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Asian Health Services 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 Asian Health Services, 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.</p>
<p>_____ Initials</p>	<p>I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Asian Health Services. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Asian Health Services and that no promises or representations contrary to the foregoing are binding on Asian Health Services unless made in writing and signed by me and Asian Health Services' designated representative.</p>
<p>_____ Initials</p>	<p>Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Asian Health Services, I am entitled to copies of any such public records obtained by Asian Health Services unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.</p> <p style="text-align: center;"><input type="checkbox"/> I waive receipt of a copy of any public record described in the paragraph above</p>

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date