



Community Health Worker Application for Employment

Penn Center for Community Health Workers
c/o: Chanel Ortiz
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This application is for screening purposes. Those selected will complete a formal application online.
Please type or use **black ink only**.

Name: _____

Last

First

Middle

Address: _____

Street

City

State

ZIP Code

Telephone # _____

E-Mail Address _____

Referral Source (How did you hear about us?) _____

Are you eligible for employment in this country? Yes No

Date available for work _____

Desired salary range? \$ _____

Employment History

Starting with your most recent employer, please provide the following information.

Employer Telephone # Dates employed:

Street Address City State

Starting job title/ Final job title

Immediate supervisor and title (for most recent position held)

May we contact for reference? Yes No Later

Why did you leave?

Summarize the type of work performed and job responsibilities

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Street Address City State

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Summarize the type of work performed and job responsibilities

Educational Background

Starting with your most recent school attended, provide the following information.

School	Years Completed	Degree	Major/Minor

References

List the name and telephone number of three business/work references who are not related to you; two references should be direct supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to you	Telephone

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Job Applicant Statement

I certify that the information contained in this job application is true, correct and complete. I understand that if employed, false statements reported on this application may be considered sufficient cause for termination.

Signature of Applicant _____ Date _____