



Employment Application

Date: _____

Applicant Information

Full Name: _____
Last First M.I.

Other Names Under Which You Have Been Employed Or Educated: _____

Present Address:

Street Address Apartment/Unit #

City State ZIP Code

Permanent Address (If different than present address)

Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____
 Alternate Phone: () _____
 E-mail Address: _____

Position Applied for: _____

How did you hear about this position: _____

If hired, Date Available: _____ Desired Salary: \$ _____

If Hired, you would be able to work: *(check all that apply)*

- | | | | |
|------------------------------------|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Day | <input type="checkbox"/> Night | <input type="checkbox"/> Overtime (if necessary) |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Evening | <input type="checkbox"/> Per Diem | or As Needed |

Are you able to perform the essential functions of the job for which you are applying, either with or without accommodations? YES NO

(Note: We comply with the ADA regarding reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions of a particular job. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--	--	--

Are you at least 18 years old? YES NO *(if under 18, hire is subject to verification that you are of minimum legal age)*

Have you ever applied to or worked for this hospital? YES NO
 If so, when? _____

Do you have any relatives or friends employed by this hospital? YES NO
 If so, who? _____

Have you ever been convicted of a felony? YES NO
 & disposition of the case: _____
(Please exclude misdemeanor convictions and convictions that have been sealed, expunged, or legally eradicated. Disclosing a conviction will not automatically result in a denial of employment.)

Many of our patients do not speak English; do you speak, write or understand any foreign language(s)? YES NO

If yes, explain: _____

POLICY ON NONDISCRIMINATION: We will not engage in discriminatory practices against any person employed or seeking employment on the basis of any legally protected characteristic, including but not limited to, actual or perceived race, color, religion, marital status, national origin, ancestry, physical or mental disability, genetic characteristic, gender, sexual orientation, age, or veteran status.

Applicant's Name: _____

Date: _____

Education

High School: _____ Location: _____

Number of years completed: _____ Did you graduate? YES NO Degree/certificate: _____
(circle highest grade) 9 10 11 12 GED

College: _____ Location: _____

Number of years completed: _____ Did you graduate? YES NO Degree/certificate: _____
(circle highest grade) 1 2 3 4 5 6+

Other: _____ Location: _____

Number of years completed: _____ Did you graduate? YES NO Degree/certificate: _____
(circle highest grade) 1 2 3 4 5 6+

Technical/Professional School	Location	Major	No. Years Completed

Professional Affiliations: _____

Licenses and Certifications

Licenses and Certificates Type	License/Cert No.	State Issued	Issue Date	Expiration Date

Has your license/certificate ever been revoked/suspended? YES NO

If yes, state type, reason & dates: _____

Employment History (Please complete this section even if attaching a resume)

Employer/ Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer/ Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer/ Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Applicant's Name: _____

Date: _____

Professional References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Disclaimer, Information Release Authorization & Signature

Please read carefully and then place your initials in the appropriate space at the beginning of each paragraph to verify that you have read that section.

_____(initials) I understand that any job offer is conditioned upon proof of my legal eligibility to work in the United States. I certify that I have read and understand this Application, including the section above. I also understand that an incomplete Application will not be considered. The invalidity of any of the above terms shall not affect or invalidate any other term or provision.

_____(initials) I certify that the information contained in this Application, and any accompanying resume is true and complete to the best of my knowledge and understand that any deliberate falsification, misrepresentation, and/or omission of information will result in refusal to hire or, if hired, dismissal.

_____(initials) I understand that Healdsburg District Hospital may obtain an Investigative Consumer Report that will include information as to my character, general representation, personal characteristics and mode of living. This report may reveal information about work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, I understand and agree that the Company may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing, if any.

Continued on following page

Applicant's Name: _____

Date: _____

Disclaimer, Information Release Authorization & Signature - Continued

_____(initials) I understand that this Application will be given consideration but its receipt does not imply that I will be employed. I understand that this Employment Application and any other hospital documents are not contracts for employment and that my employment, if it occurs, will be "at will" and can be terminated at any time with or without cause and with or without notice, and at the option of either Healdsburg District Hospital or myself. I understand that no commitment for employment for other than "at will" shall be valid or binding unless it is expressly set forth in a written document signed by the Healdsburg District Hospital CEO. I agree to conform to the policies and procedures of Healdsburg District Hospital and acknowledge that these policies and procedures, as interpreted by the hospital, other than the "at will" nature of my employment, or other policies compelled by law, may be changed, withdrawn, or added at any time at the hospital's sole option without prior notice to me.

_____(initials) I understand that Healdsburg District Hospital reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses, backpacks or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or inspection of bags, when requested to do so, may result in termination of my employment.

Information and Authorization for Reference, Education, License and Background checks:

I voluntarily and knowingly authorize any present or past employer or supervisor, college or university or other institution of learning, administrator, law enforcement agency, federal agency, credit bureau, collection agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons to give records or information they may have concerning my criminal history, motor vehicle history, social security number, education, earnings history, character, and employment (including reasons for termination) or any other information requested by Healdsburg District Hospital or by an investigative consumer reporting agency retained by the hospital. A photographic or faxed copy of this information shall be as valid as the original.

Applicant Signature: _____

Date: _____

PLEASE RETURN TO:

**HEALDSBURG DISTRICT HOSPITAL
HUMAN RESOURCES
1375 UNIVERSITY AVE.
HEALDSBURG, CA. 95448**