



SANTA CRUZ VALLEY
REGIONAL HOSPITAL

APPLICATION FOR EMPLOYMENT

Santa Cruz Valley Regional Hospital is an equal employment opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, sexual orientation, marital status, national origin, disability or handicap, or veteran status.

THIS IS A VERY IMPORTANT DOCUMENT

YOU MUST ANSWER EACH QUESTION FULLY AND ACCURATELY. FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION NOT BEING CONSIDERED. IF INFORMATION IS LATER FOUND TO BE OMITTED OR INACCURATE ON YOUR APPLICATION AND IT IS DISCOVERED AFTER YOUR EMPLOYMENT HAS BEGUN, YOU MAY BE TERMINATED FROM EMPLOYMENT.

DATE

FULL PRINTED NAME OF APPLICANT

PLEASE PRINT

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

LIST ALL OTHER NAMES BY WHICH YOU HAVE EVER WORKED OR BEEN EDUCATED:

(NOTE: THIS INFORMATION IS ONLY NECESSARY FOR VERIFICATION OF YOUR PRIOR WORK HISTORY AND EDUCATION)

PRESENT ADDRESS _____
STREET/APT NO. CITY STATE ZIP

HOME PHONE NUMBER CELL PHONE NUMBER EMAIL ADDRESS

PREVIOUS ADDRESS _____
STREET/APT NO. CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? YES NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED

POSITION _____ DEPARTMENT _____ SHIFT _____

DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU AVAILABLE TO WORK FULL TIME? PART TIME? PRN?

IF REQUESTED, ARE YOU AVAILABLE TO WORK (Check as many that would apply):

DAYS EVENINGS NIGHTS WEEKENDS OVERTIME

ARE YOU CURRENTLY EMPLOYED? YES NO MAY WE CALL YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO SCVRH BEFORE? NO YES WHEN? _____

HAVE YOU EVER WORKED FOR SCVRH BEFORE? NO YES DEPT? _____ WHEN? _____

WHO REFERRED YOU TO SCVRH? _____

EDUCATION

SCHOOL LEVEL NAME AND LOCATION YEARS COMPLETED DIPLOMA/DEGREE/COURSE OF STUDY

HIGH SCHOOL _____

COLLEGE _____

TRADE, BUSINESS OR CORRESP. SCHOOL _____

MISCELLANEOUS

SPECIAL CERTIFICATIONS OR LICENSES (IF ANY) _____
License Number _____ State _____

Other Professional Memberships (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, religion, ancestry, age, sex, sexual orientation, national origin, disability or handicap, or veteran status.)

SCVR HOSPITAL MAY OBTAIN INFORMATION ABOUT YOU FROM PUBLIC RECORDS. IF YOU WISH TO WAIVE YOUR RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD, YOU SHOULD CHECK THE FOLLOWING BOX:

FORMER EMPLOYERS

1. NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____ JOB TITLE _____
MONTH YEAR MONTH YEAR

DESCRIPTION OF WORK _____

STARTING SALARY _____ FINAL SALARY _____ MAY WE CALL YOUR SUPERVISOR? YES NO

NAME/TITLE OF IMMEDIATE SUPERVISOR _____ PHONE _____

DID YOU LEAVE VOLUNTARILY INVOLUNTARILY **AND** PLEASE STATE THE EXACT REASON(S) FOR LEAVING: _____

2. NAME AND ADDRESS OF EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____ JOB TITLE _____
MONTH YEAR MONTH YEAR

DESCRIPTION OF WORK _____

STARTING SALARY _____ FINAL SALARY _____ MAY WE CALL YOUR SUPERVISOR? YES NO

NAME/TITLE OF IMMEDIATE SUPERVISOR _____ PHONE _____

DID YOU LEAVE VOLUNTARILY INVOLUNTARILY **AND** PLEASE STATE THE EXACT REASON(S) FOR LEAVING: _____

3. NAME AND ADDRESS OF EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____ JOB TITLE _____
MONTH YEAR MONTH YEAR

DESCRIPTION OF WORK _____

STARTING SALARY _____ FINAL SALARY _____ MAY WE CALL YOUR SUPERVISOR? YES NO

NAME/TITLE OF IMMEDIATE SUPERVISOR _____ PHONE _____

DID YOU LEAVE VOLUNTARILY INVOLUNTARILY **AND** PLEASE STATE THE EXACT REASON(S) FOR LEAVING: _____

(IF YOU WISH TO DESCRIBE ADDITIONAL WORK EXPERIENCE, ATTACH THE ABOVE INFORMATION FOR EACH POSITION ON A SEPARATE PIECE OF PAPER.)

UNEMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ANY TIME YOU WERE NOT EMPLOYED IN THE LAST 10 YEARS, AFTER LEAVING SCHOOL (You need not list any unemployed periods of one month or less.)

TIME PERIOD

REASON(S) UNEMPLOYED

(PLEASE ATTACH ADDITIONAL SHEETS, IF INSUFFICIENT SPACE)

PERFORMANCE OF JOB RELATED FUNCTIONS

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMMODATION FOR WHICH YOU ARE APPLYING? NO YES

CRIMINAL/LICENSING AND CERTIFICATION MATTERS

Have you ever been convicted of (or pleaded guilty or nolo contendere to) a crime? (Do not identify marijuana-related misdemeanor convictions occurring more than two years ago or convictions for which the criminal records have been expunged, sealed, or eradicated by the court, or misdemeanor convictions for which any probation has been completed and the case dismissed by the court). NO YES NO. OF TIMES _____

Did the conviction(s) (or guilty or nolo contendere pleas) result in imprisonment? NO YES NO. OF TIMES _____

Explain each conviction (and guilty or nolo contendere plea) fully. (A conviction or guilty or nolo contendere plea will not necessarily disqualify an applicant) _____

Have you ever had a certification and/or license suspended, revoked or placed on probation? NO YES EXPLAIN _____

Are you currently charged with an unresolved criminal charge (a charge which has not yet resulted in a plea, trial, or a dropping of the charge, or for which you are out on bail or on your own recognizance pending trial)? NO YES

If yes, please fully explain the charge (a charge will not necessarily disqualify an applicant) _____

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>YEARS KNOWN</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

AUTHORIZATION

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

"I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted is true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment and will be justification for my dismissal from employment, if discovered at a later date."

_____ INITIALS

"I agree to immediately notify the company if I should be convicted of any crime while my job application is pending or during my period of employment, if hired."

_____ INITIALS

"I authorize the investigation of all statements contained in this application (and accompanying resume, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), consumer reporting agency and organizations, whether or not named in this application (and accompanying resume if any) to provide the company with records information and opinion that may be useful in making a hiring decision. I release all such informants and the company from all liability for any decision, claim or damage that may result from furnishing and/or relying on such information and opinion (which is truthful or made in good faith) to you."

_____ INITIALS

"I give permission for a pre-employment drug/alcohol screening exam and, if the company makes a conditional job offer, I give permission for a complete employment physical examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary."

_____ INITIALS

"I understand that if hired, and during my employment, I shall always give preference to this company's business. I further agree not to use or disclose company trade secrets or confidential or proprietary information to anyone outside the company or anyone within the company who is not authorized to have the information. I will not engage in other activities that create a conflict of interest with my position with the company unless given permission in writing by the company."

_____ INITIALS

AGREEMENT FOR AT-WILL EMPLOYMENT

"If I become employed, in consideration of my employment, I agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or the company. Only the Chief Executive Officer of the company has the authority to enter into an employment agreement for a specified period of time or for termination only for cause, and any such agreement must be in writing. I understand and acknowledge that this constitutes the entire agreement between me and the company regarding the term of my employment and supersedes any other oral or written agreement."

_____ INITIALS

COMPLIANCE WITH RULES

"If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company."

_____ INITIALS

PRE-EMPLOYMENT DOCUMENTS

"If offered employment, I understand that I will be required to review, complete, and execute various employment documents (including, but not limited to; this application, employee handbook and employee handbook receipt form, at-will employment and confidentiality agreement, [as applicable], and agree that the process of my being hired will not be complete until all employment documents have been signed."

_____ INITIALS

APPLICANT SIGNATURE _____ DATE _____