



Have you ever been asked to resign from a job?  Yes  No Please explain: \_\_\_\_\_

**EMPLOYMENT DESIRED:** Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? <input type="radio"/> Yes <input type="radio"/> No	Regular part-time work? <input type="radio"/> Yes <input type="radio"/> No	Temporary work, e.g., summer or holiday work? <input type="radio"/> Yes <input type="radio"/> No
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What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?..... From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends? .....  Yes  No

Would you be available to work overtime, if necessary? .....  Yes  No

If hired, on what date can you start work? \_\_\_\_\_ Salary desired? \_\_\_\_\_

Have you ever applied to or worked for our Company before?  Yes  No If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for our Company?  Yes  No If yes, state name(s) and relationship(s) \_\_\_\_\_

Why are you applying for work at our Company? \_\_\_\_\_

Do you have any commitment to another entity or person that might affect your employment with our Company? .....  Yes  No

If yes, describe fully: \_\_\_\_\_

**REFERENCES:** Who Referred You To Our Company? \_\_\_\_\_

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references who are not related to you.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

**EDUCATION, TRAINING AND EXPERIENCE:**

<u>School: Name and Address</u>	<u>No. of Years Completed</u>	<u>Degree or Diploma</u>	<u>Did you Graduate?</u>
High School _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
College/University _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Vocational/Business _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

Some of our customers/clients may not speak English. Do you speak, write or understand any foreign languages?  Yes  No

If yes, which language(s): \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at our Company?  Yes  No Explain: \_\_\_\_\_

Managerial Skills:  Yes  No - Typing Speed: \_\_\_ WPM - Ten Key:  Yes  No - Shorthand:  Yes  No - Spread Sheet:  Yes  No - Graphics  Yes  No - Word Processing:  Yes  No - DataBase Programs:  Yes  No - Dictaphone:  Yes  No

**EMPLOYMENT HISTORY:** List below all present and past employment for the last ten (10) years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary)

Are You Employed Now? .....  Yes  No If Yes, May We Inquire of Your Present Employer? .....  Yes  No

**1. Name of Employer:** \_\_\_\_\_

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

No. Street City State Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Was Termination Voluntary or Involuntary?  Vol  InVol

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Earnings: Starting \_\_\_\_\_  Hourly /  Monthly Ending \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**2. Name of Employer:** \_\_\_\_\_

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

No. Street City State Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Was Termination Voluntary or Involuntary?  Vol  InVol

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Earnings: Starting \_\_\_\_\_  Hourly /  Monthly Ending \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**3. Name of Employer:** \_\_\_\_\_

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

No. Street City State Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Was Termination Voluntary or Involuntary?  Vol  InVol

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Earnings: Starting \_\_\_\_\_  Hourly /  Monthly Ending \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**4. Name of Employer:** \_\_\_\_\_

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

No. Street City State Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Was Termination Voluntary or Involuntary?  Vol  InVol

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Earnings: Starting \_\_\_\_\_  Hourly /  Monthly Ending \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**5. Name of Employer:** \_\_\_\_\_

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

No. Street City State Zip

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Was Termination Voluntary or Involuntary?  Vol  InVol

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Earnings: Starting \_\_\_\_\_  Hourly /  Monthly Ending \_\_\_\_\_

Exact Reason for Leaving: \_\_\_\_\_

**Please describe in your own words why you wish a position with our company:** \_\_\_\_\_

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

Have you ever been terminated or asked to resign from any job?  Yes  No Please explain \_\_\_\_\_

**UNEMPLOYMENT HISTORY:** Please account for any time(s) you were not employed in the last 10 years, after leaving school. You don't need to include periods of one month or less. (Note: Attach additional page(s) if necessary.)

**You must account for all periods of unemployment.**

<u>Time Period</u>	<u>Reason(s) Unemployed</u>	<u>Time Period</u>	<u>Reason(s) Unemployed</u>
_____	_____	_____	_____
_____	_____	_____	_____

**MILITARY SERVICE:** U.S. Military or Naval Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Present Membership in National Guard or Reserves: \_\_\_\_\_ Date Obligation Ends: \_\_\_\_\_

Have you obtained any special skills or abilities as the result of service in the military? .....  Yes  No

If so, describe: \_\_\_\_\_

**LICENSE INFORMATION:** Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?  Yes  No Name of license/certification \_\_\_\_\_

Issuing state: \_\_\_\_\_ License/certification number: \_\_\_\_\_ Has your license/certification ever lapsed or been revoked

or suspended?  Yes  No If yes, state reason(s), date of lapse, revocation or suspension and date of reinstatement \_\_\_\_\_

**Have you ever, under your name or another name, been convicted of (or pleaded guilty or nolo contendere to) to a Felony or Misdemeanor? ....**  Yes  No

**Have you ever, under your name or another name, been convicted of a crime, which resulted with your being in prison and released from prison or paroled? ....**  Yes  No

(Do not identify convictions for marijuana-related offenses that are more than two years old; or convictions for which the criminal record has 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.)

If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s): \_\_\_\_\_

Are you currently under arrest, or released on bond or your own recognizance, pending trial for a criminal offense? .....  Yes  No

If yes, state the nature of the crime charged, and when and where trial is pending: \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere] of a criminal offense; or, solely on an affirmative answer above. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered.)

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes  No If no, describe the functions that cannot be performed: \_\_\_\_\_

Have you used non-legal drugs in the last six months?.....  Yes  No

Is there any reason why you would not be able to fully conform to all attendance requirements? .....  Yes  No

Describe fully: \_\_\_\_\_

Do you take any illegal drugs or medications which have not been prescribed for you?  Yes  No When was the last time you used

illegal drugs? \_\_\_\_\_ If yes, describe fully: \_\_\_\_\_

Have you ever been convicted for driving under the influence (DUI)? .....  Yes  No

Do you use alcohol to the extent that it would impair your job performance? .....  Yes  No

How many Mondays or Fridays were you absent last year on leave other than vacation leave? \_\_\_\_\_ Please explain: \_\_\_\_\_

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

**THE FOLLOWING SECTION IS FOR EMPLOYMENT WITHIN THE HEALTH CARE INDUSTRY IN CALIFORNIA**

**Please answer the following only if:**

**1. The position for which you are applying will provide you access to patients.**

Have you ever been *arrested* for a sex related crime?  Yes  No Please Explain: \_\_\_\_\_

**2. The position for which you are applying will provide you access to drugs or medications.**

Have you ever been *arrested* for a drug related crime?  Yes  No Please Explain: \_\_\_\_\_

**NOTICE:** Thank you for completing this application form. If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the *entire interview process* is completed which includes a complete background check and pre-employment drug test. If there is no opening in the position(s) you are seeking, your application will be kept active for 30 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our Company. Please read page six carefully, print your name, initial, sign, and date.

*Our company is an equal opportunity employer. It is the policy of this company to consider all job applications on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic.*

**AUTHORIZATION**

***PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW***

***PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED***

**PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY**

By my signature and initials placed below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional based on the satisfactory review of my qualifications including any and all background or drug screening which may be required. \_\_\_\_\_ INITIALS

**DRUG & ALCOHOL SCREENING**

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 and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. \_\_\_\_\_ INITIALS  
*(see separate Agreement)*

**OTHER EMPLOYMENT**

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the company unless I have been given permission in writing by the company. \_\_\_\_\_ INITIALS

**AUTHORIZATION TO OBTAIN INFORMATION**

I voluntarily and knowingly authorize any present or past employer; supervisor; administrator; educational institution; law enforcement agency; state, local, or federal agency; credit bureau; collection agency; private business; military branch; 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 report, educational history, licensing, employment (including character, earnings history and reasons for termination) or any other information requested by the company requested to determine my eligibility for employment. \_\_\_\_\_ INITIALS  
*(see separate Disclosure Agreement)*

**RELEASE**

I voluntarily waive all recourse and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use any information received which may have bearing on my application for employment. \_\_\_\_\_ INITIALS

**NOTIFICATION & COMPLIANCE WITH RULES**

I agree to immediately notify the company if I should be convicted of a crime while my job application is pending, or during my employment if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company. \_\_\_\_\_ INITIALS

**AGREEMENT FOR ARBITRATION**

I also acknowledge that the Company promotes a voluntary system of alternative dispute resolution which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, I voluntarily agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) which would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, and Employment Development Department claims) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). However in addition to requirements imposed by law, any arbitrator herein shall be a retired California Superior Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in California courts, the following shall apply and be observed: all rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgement, judgement on the pleadings, and judgement under Code of Civil procedure Section 631.8. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Action for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal, or modification, following a review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeal of a civil judgment following court trial. Should any term or provision, or portion thereof, be declared void or unenforceable, it shall be severed and the remainder of this agreement shall be enforceable. I UNDERSTAND BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY. \_\_\_\_\_ INITIALS  
*(see separate Agreement)*

**AGREEMENT FOR AT-WILL EMPLOYMENT**

I understand and agree that nothing contained in this 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 the company. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized officer of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment and replaces any other oral or written agreement or understanding. *(see separate Agreement)* \_\_\_\_\_ INITIALS

**I certify that all of the information provided by me on this Application is true and accurate.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_