



Application for Employment

POSITION APPLIED FOR	DATE
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PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT #	CITY	STATE	ZIP
PHONE NUMBER				
NAME AND NUMBER OF EMERGENCY NOTIFICATION				
HAVE YOU WORKED AT THIS HOSPITAL PREVIOUSLY?				
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE RELATIVE CURRENTLY EMPLOYED AT BY THIS HOSPITAL?				
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES PLEASE LIST THEIR NAMES				
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS?				
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NECESSARY, PLEASE DESCRIBE WHAT TYPE(S) OF REASONABLE ACCOMMODATIONS ARE NEEDED:				
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE US?				
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU AT LEAST 18 YEARS OF AGE? <small>(PROOF OF AGE AND WORK PERMITS MAY BE REQUIRED PRIOR TO HIRING)</small>				
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION FOR WORK?				
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	COURSE OR MAJOR

GENERAL INFORMATION

ARE YOU AVAILABLE TO WORK:	WEEKENDS <input type="checkbox"/>	EVENING SHIFT <input type="checkbox"/>	NIGHT SHIFT <input type="checkbox"/>
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LANGUAGE ABILITY - LIST THOSE YOU COULD USE IN THE POSITION APPLIED :			
LANGUAGE	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>
LANGUAGE	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>

EMPLOYMENT / WORK EXPERIENCE

1. START WITH THE MOST RECENT EMPLOYMENT FIRST.
2. LIST ONLY JOBS HELD IN THE LAST FIVE YEARS.
3. INCLUDE MILITARY EXPERIENCE.
4. INCLUDE REGISTRATION OF CERTIFICATION (IF ANY)
5. INCLUDE REFERENCES.
6. INCLUDE UNEMPLOYMENT PERIODS

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE
RANK	

IF YOU ARE REGISTERED OR CERTIFIED BY ANY PROFESSIONAL ORGANIZATION, OR HOLD A PROFESSIONAL OR OCCUPATIONAL LICENSE IN THE STATE OF CALIFORNIA PLEASE SPECIFY:	
LICENSE NUMBER:	EXPIRATION DATE

REFERENCES

GIVE US THE NAMES OF THREE PERSONS YOU ARE **NOT** RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

UNEMPLOYMENT PERIODS

PLEASE IDENTIFY AND EXPLAIN ALL PERIODS OF UNEMPLOYMENT (LAST 5 YEARS):

	DATES	REASON FOR UNEMPLOYMENT
1		
2		
3		

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? (A CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE WILL BE CONSIDERED ON ITS OWN MERITS).	YES <input type="checkbox"/> NO <input type="checkbox"/>
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THE SAN BENITO HOSPITAL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE STATE OR FEDERAL CIVIL RIGHTS LAWS.

I HERBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE SAN BENITO HOSPITAL DISTRICT UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE, AS WELL AS ALL OTHER INDIVIDUALS WHOM THE SAN BENITO HOSPITAL DISTRICT CONTACTS, TO PROVIDE THE HOSPITAL ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINANT INFORMATION THAT THEY MAY HAVE. FURTHER, I RELASEE ALL THE PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE HOSPITAL DISTRICT AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION TO THE HOSPITAL DISTRICT AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY THE HOSPITAL DISTRICT OR ANY OF ITS AGENTS, EMPLOYEES, OR REPRESENTITIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAULURE TO RECEIVE AN OFFER OR, IN I AM HIRED, MY DISMISSAL FROM EMPLOYMENT.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF THE SAN BENITO HOSPITAL DISTRICT. I ALSO UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE HOSPITAL DISTRICT'S RECEIPT OF SATISFACTORY RESPONSES TO REFERENCE REQUESTS AND PROVISION OF SATISFACTORY PROOF OF AN APPLICANT'S IDENITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES. OFFERS OF EMPLOYMENT ARE ALSO CONDITIONED ON THE SATISFACTORY COMPLETION OF A POST-OFFER MEDICAL EXAMINATION

SIGNATURE OF APPLICANT _____

DATE _____

An Equal Opportunity Employer

VOLUNTARY SELF-IDENTIFICATION FORM

Equal Employment Opportunity Employers are required by the Federal Government to provide statistical information about applicants and employees to demonstrate that we meet equal opportunity requirements. Your completion of this form is voluntary and would be greatly appreciated.

This information will be kept separate and confidential, and will not be considered in any employment decisions.

POSITION APPLIED FOR: _____

DATE: SEX: _____

- AMERICAN INDIAN OR ALASKAN NATIVE (all persons having origins in any of the original peoples of North America).
- ASIAN OR PACIFIC ISLANDER (persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands).
- BLACK (African descent and Jamaican and West Indian).
- HISPANIC (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin).
- CAUCASIAN
- OTHER (Please Specify)

YES NO Do you believe you are a handicapped person subject to the benefits of the Rehabilitation Act of 1973?

SOURCE OF REFERRAL: _____
