



EMPLOYMENT APPLICATION

Position(s) Applied For

Date of Application \_\_\_/\_\_\_/\_\_\_

Name Last First Middle

Present Address (No P.O. Box number) Street City State Zip Code

Permanent Address (If different from present address) Street City State Zip Code

Telephone Number ( ) - Social Security Number

If necessary, best time to call you at home is : am/pm

May we contact you at work? YES NO

If yes, work number and best time to call. ( ) : am/pm

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

Have you filed an application here before? YES NO

If yes, give dates / /

Have you ever been employed here before? YES NO

If yes, give dates / / To / /

Are you related to anyone in our employ? YES NO Name and Relationship

Are you legally eligible for employment in this country? (Verification of your legal right to work in the U. S. will be required upon employment) YES NO

Date available for work / /

Type of employment desired: Full Time Part-Time Temporary (e.g., Summer or Holiday Work) Salary desired \$

Are you on lay-off and subject to recall? YES NO

Will you work overtime if necessary? YES NO

Will you work weekends if necessary? YES NO

Will you relocate if job requires it? YES NO Will you travel if job requires it? YES NO

The job for which you are applying requires 37.5 to 40 hours of work per week, to be worked in 4 to 5 days per week, or a total of approximately 1950 to 2080 hours per year. Can you comply with these requirements? YES NO

Are you able to perform the essential and marginal job functions, with or without reasonable accommodation? YES NO

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



## EMPLOYMENT APPLICATION

Have you ever been convicted of a felony? *(Conviction will not be an absolute bar for employment).....*  YES  NO

*(Convictions for marijuana-related offenses that are more than two years old need not be listed.)*

If YES, please explain:

### Education, Training and Experience

School	Name and Address	No. of Years Completed	Did you Graduate ?	Major/Minor
High School			Yes ___ No ___	
College/ University			Yes ___ No ___	
Vocational/ Business			Yes ___ No ___	

**Skills and Qualifications:** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Some of our clients do not speak English. Do you speak, write or understand any foreign languages?..... YES  NO If yes, which language(s)\_\_\_\_\_

### Employment History

List your employment history, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below:

<b>Employer</b>	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
	( ) -	From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
		\$	Per	
<b>Employer</b>	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
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		Starting		
Immediate Supervisor and Title		\$	Per	
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		Final		
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		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting			
Immediate Supervisor and Title	\$		Per	
	Hourly Rate/Salary			
Reason for Leaving	Final			
	\$		Per	

  

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		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting			
Immediate Supervisor and Title	\$		Per	
	Hourly Rate/Salary			
Reason for Leaving	Final			
	\$		Per	

**Comments** (including explanation of any gaps in employment)

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### Answer the following questions if you are applying for a position that requires a license or certification

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 been revoked or suspended? ..... YES     NO

If yes, state reason(s), date of revocation or suspension and date of reinstatement

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### References

List name and telephone number of three business/work references who are NOT related to you. If not applicable, list three school or personal references, who are not related to you.

Name	Telephone	Years Known



**EMPLOYMENT APPLICATION**

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?.....  YES  NO  
If yes, describe:

**Please Read Carefully, Initial Each Paragraph and Sign Below**

Initial

*I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.....*

*I hereby authorize Alexander Valley Healthcare through any investigative agency or bureau to thoroughly investigate my references, work record, education, DMV record, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.....*

*I understand that nothing contained in the 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 I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without advance notice and without liability, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Board of Director's.....*

*I understand that, if hired, I am required to abide by all policies, rules, and regulations of Alexander Valley Healthcare (All such policies, rules and regulations are available for your review in the Personnel Department, prior to your acceptance of employment.).....*

*I understand that the job offer will be contingent on passing a job related, physical examination, drug testing, and background investigation.....*

*I understand that this Application will remain active for 30 days. If I wish to be considered for employment beyond this period, I will have to reapply.....*

**BACKGROUND INFORMATION - Must Be Completed by Applicant** (Exclusively for Background Investigation only)

Additional Names Used \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Previous Address (last ten years of residence)

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_