



SoHum Health

Southern Humboldt Community
Healthcare District

733 CEDAR STREET
GARBERVILLE, CA 95542

(707) 923-3921

Employment Application

An Equal Opportunity Employer

Please Print

Date

Last Name

First Name

Middle

Present Address

No. & Street

City

State

Zip Code

Permanent Address (if different from present address)

No. & Street

City

State

Zip Code

Business Phone

Home Phone

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?..... Yes No

Regular part-time work?..... Yes No

Temporary work, e.g., summer or holiday work?..... Yes No

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, what date can you start work? _____

Employment Application

Personal Information

How did you hear about our company and this job opening? _____

Have you ever applied to or worked for SoHum Health before? Yes No

If yes, when? _____

Why are you applying for work at SoHum Health?

If hired, would you have a reliable means of transportation to and from work?..... Yes No

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

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(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, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

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Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

	Address			

City	State	Zip Code		
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

	Address			

City	State	Zip Code		
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

	Address			

City	State	Zip Code		
Health Care Training	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			

	Address			

City	State	Zip Code		

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at SoHum Health? Yes No

If so, please explain:

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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 been revoked or suspended?..... Yes No

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

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

Current employer?..... Yes No

May we contact this employer for a reference?..... Yes No

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address & Street City State Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Employment Application

Employment History, continued

Name of Employer _____ Phone Number _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

.....

Name of Employer _____ Phone Number _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

.....

Name of Employer _____ Phone Number _____
Type of Business _____ Your Supervisor's Name _____
Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

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References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name Last Name Phone Number

Address & Street City State Zip Code

Occupation No. of Years Acquainted

First Name Last Name Phone Number

Address & Street City State Zip Code

Occupation No. of Years Acquainted

First Name Last Name Phone Number

Address & Street City State Zip Code

Occupation No. of Years Acquainted

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Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

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.

Initials

I hereby authorize **Southern Humboldt Community Healthcare District** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I 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.

Initials

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 prior notice, 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 Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Date

Applicant's Signature