

SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT

733 Cedar Street, Garberville, CA 95542

Employment Application

Positions:

1. _____

2. _____

PLEASE PRINT

Personal Data

Name:

Other names under which you have been employed:

Address:

Mailing Address:

City, State, ZIP:

Telephone number:

Message phone:

Person to contact in case of emergency (Name, address, phone):

Preferences

Full time (36-40 hours/week)

Part time (20-36 hours/week)

Per diem (less than 20 hours)

Salary requirements:

Day shift

Night shift (7 p.m. to 7:30 a.m.)

General Information

If hired, can you furnish proof that you are either a U.S. citizen or otherwise legally permitted to work in the U.S.? Yes No

If hired and less than 18 years of age, can you submit a work permit? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No
(Convictions for marijuana-related offenses that are more than two years old need not be listed.) No applicant will be denied employment solely on the grounds of a criminal offense. The nature of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

If "yes," give details of the offense(s):

Have you served in the military? Yes No

If "yes," which branch:

Years in service _____

Duties:

Human Resources Office Use Only

Position:

Department:

Status:

Exempt/Non-exempt:

Start Date:

Base Hourly Rate:

Employment Record		List present or most recent employer first; include all employment, military service and volunteer service.
Employer's Name:		Phone:
Address:		
Your Job Title:	Supervisor's Name:	Supervisor's Title:
Dates Employed:	Hours per Week:	Final Salary:
Job Duties:		
Reason for Leaving:		
May we contact this employer?		
Employer's Name:		Phone:
Address:		
Your Job Title:	Supervisor's Name:	Supervisor's Title:
Dates Employed:	Hours per Week:	Hourly Rate:
Job Duties:		
Reason for Leaving:		
May we contact this employer?		
Employer's Name:		Phone:
Address:		
Your Job Title:	Supervisor's Name:	Supervisor's Title:
Dates Employed:	Hours per Week:	Final Salary:
Job Duties:		
Reason for Leaving:		
May we contact this employer?		
Employer's Name:		Phone:
Address:		
Your Job Title:	Supervisor's Name:	Supervisor's Title:
Dates Employed:	Hours per Week:	Final Salary:
Job Duties:		
Reason for Leaving:		
May we contact this employer?		
If not continuously employed for the last five years, please explain:		

Education

School	Name and Location	Number of years	Graduated?	Certificate/ Major/Degree
High School				
College/University				
College/University				
Business/Trade/ Other				

Professional or Character References

Name and Address:	Phone:
Name and Address:	Phone:
Name and Address:	Phone:

Job Related Skills

<input type="checkbox"/> Typing: WPM _____ <input type="checkbox"/> Dictaphone <input type="checkbox"/> 10-key adding machine <input type="checkbox"/> Computers and programs	<input type="checkbox"/> Insurance billing <input type="checkbox"/> Collections <input type="checkbox"/> Budget reports <input type="checkbox"/> Accounts payable <input type="checkbox"/> Payroll	Other skills: <input type="checkbox"/> Medical terminology
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Nursing and Professional Positions

Current licensure:	State(s):
License number:	Expiration:

Has any action or investigation been undertaken relevant to the position you are applying for or regarding any license or certification you now hold or have held in the past? ___ Yes ___ No If "yes," explain:

Affidavit

I certify that the answers given by me to the questions and statements in this application are true and correct. I agree that SHCHD shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application for employment. I agree to a pre-employment physical examination and agree that any offer of employment is conditioned on satisfactory completion of that examination, regardless of whether the exam is given before or after I start work. I also authorize the organizations, schools or persons named herein to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said organizations, schools or persons from all liability for any damage for issuing this information. I also understand that employment is contingent on verification of employment history as well as successfully completing a medical examination. This agreement does not bind either party to any specific period of employment. If I am employed by SHCHD, I agree to conform to its rules and standards and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of SHCHD. I understand that no employee or representative of SHCHD other than the Administrator has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States.

Applicant's Signature _____ **Date:** _____

Equal Employment Opportunity Data

To be completed by applicant:	
SHCHD is required by law to collect this information for equal employment opportunity purposes. The information will remain confidential and will not affect your application for employment. This page will not become part of your personnel record if you are hired. Completion is voluntary.	
Name: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race and Ethnicity:	
<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.	
<input type="checkbox"/> Asian or Pacific Islander: All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Phillipine Islands and Samoa. Also persons from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim and Sri Lanka.	
<input type="checkbox"/> Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.	
<input type="checkbox"/> Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race.	
<input type="checkbox"/> White (not of Hispanic origin): All persons having origins in any of the people of Europe, North Africa and the Middle East.	
<input type="checkbox"/> Other: Please specify _____	
Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary and will assist in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:	
<input type="checkbox"/> Vietnam Era Veteran (8/5/65-5/7/75)	
<input type="checkbox"/> Disabled Veteran	
<input type="checkbox"/> Individual with a Disability	

To be completed by SHCHD	
EEO-1 Category:	<input type="checkbox"/> 6. Craft Worker (Skilled)
<input type="checkbox"/> 1. Officials and managers	<input type="checkbox"/> 7. Operatives (Semiskilled)
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 8. Laborers (Unskilled)
<input type="checkbox"/> 3. Technicians	<input type="checkbox"/> 9. Service Workers
<input type="checkbox"/> 4. Sales	<input type="checkbox"/> 10. White Collar
<input type="checkbox"/> 5. Office and Clerical	<input type="checkbox"/> 11. Production
Employer information completed by:	
Name: _____	Date: _____