

# San Fernando Post Acute Hospital

## EMPLOYMENT APPLICATION

This Company is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, citizenship, marital status, national origin, disability or handicap, gender identity, gender expression, medical conditions, status as a victim of domestic violence, assault or stalking, military or veteran status, or other local, state or federal protected employee class.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Street City State Zip Code

Phone # \_\_\_\_\_ Email \_\_\_\_\_

LinkedIn Profile (If applicable) \_\_\_\_\_

Desired shift(s): \_\_\_\_\_

What interested you in our company? \_\_\_\_\_

Are you at least 18 years or older?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Are you currently employed?  Yes  No If yes, will you require a 2 weeks' notice?  Yes  No  N/A

Have you ever worked for the company?  Yes  No If yes, when? \_\_\_\_\_

Are you related to or know anyone employed at our facility?  Yes  No

If so Name and Relationship \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

### EMPLOYMENT DESIRED

Position Applying For: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Are you seeking:  Internship  Temporary  Part-Time  Full-Time

Weekly total hours desired:  Up to 10  10-20  20-30  30-40  40+

Days you are available to work:  Mon  Tue  Wed  Thu  Fri  Sat  Sun

Can you work daily overtime if necessary (over 8 hours in a workday)?  Yes  No

Can you work weekly overtime if necessary (over 40 hours in a workweek)?  Yes  No

If you are applying for a job that requires driving, do you have a valid driver's license?  Yes  No  N/A

**EDUCATION & TRAINING**

	School Name	Program/Degree/Major	Did You Graduate
High School, GED or Equivalent	_____	_____	_____
Trade School	_____	_____	_____
College/University	_____	_____	_____
College/University	_____	_____	_____
College/University	_____	_____	_____

Please list any special training, courses or programs that you have completed here: \_\_\_\_\_

**PROFESSIONAL CERTIFICATIONS & LICENSES**

Type	Certification or License	Issue State	Currently Active
<input type="checkbox"/> Certificate <input type="checkbox"/> License	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Certificate <input type="checkbox"/> License	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**WORK EXPERIENCE**

Employer Name \_\_\_\_\_ City/State \_\_\_\_\_  
Phone: \_\_\_\_\_  
Position/Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Primary Duties \_\_\_\_\_

Reason for Leaving:  Currently Employed  Involuntary Termination  Voluntary Termination

Employer Name \_\_\_\_\_ City/State \_\_\_\_\_  
Phone: \_\_\_\_\_  
Position/Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Primary Duties \_\_\_\_\_

Reason for Leaving:  Currently Employed  Involuntary Termination  Voluntary Termination

Employer Name \_\_\_\_\_ City/State \_\_\_\_\_  
Position/Title \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Phone: \_\_\_\_\_  
Primary Duties \_\_\_\_\_

Reason for Leaving:  Currently Employed  Involuntary Termination  Voluntary Termination

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Company to verify their accuracy and to obtain reference information on my work performance. I hereby release the Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Company. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Company may terminate my employment at any time with or without notice or cause.

If you are offered a position with San Fernando Post Acute Hospital, as a condition of employment you must agree to binding arbitration of all disputes arising out of your employment. You will be provided with a copy of our Agreement to Arbitrate if you are offered a position, and will be required to execute that Agreement if you chose to accept the position.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_