

SENECA HEALTHCARE DISTRICT



Human Resources Department
130 Brentwood Drive, PO Box 737
Chester, California 96020
Phone: (530) 258-2159
Fax: (530) 258-4248
An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Please Print Clearly

DATE: _____

Name: _____

Last

First

Middle

Home phone: (_____) _____ Business phone: (_____) _____

Email Address: _____

Mailing Address:

Street #/PO Box

City

State

Zip

Home Address:

Street #/PO Box

City

State

Zip

Permanent Address (if different from above):

Street #/PO Box

City

State

Zip

EMPLOYMENT DESIRED

Position(s) applying for: _____

Are you applying for:

Regular full-time work?

Yes ___ No ___

Regular part-time work?

Yes ___ No ___

Short hour or per diem work?

Yes ___ No ___

Temporary work, e.g., summer or holiday work?

Yes ___ No ___

What days/hours are you available for work: _____

If applying for temporary work, during what period of time will you be available: _____

Are you available for work on weekends?

Yes ___ No ___

Would you be available to work overtime, when necessary?

Yes ___ No ___

If hired, on what date can you start work? _____



Salary desired: _____

PERSONAL INFORMATION

Have you ever applied or worked for Seneca Healthcare District before? Yes ____ No ____

If yes, when and in what position? _____

Do you have any friends or relatives working for Seneca Healthcare District? Yes ____ No ____

If yes, state name and relationship: _____

Why are you applying for work at Seneca Healthcare District?

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

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

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes ____ No ____

Are you able to perform the essential functions of the position(s) for which you are applying, either with or without reasonable accommodations? Yes ____ No ____

If no, describe the functions that cannot be performed:

(Note: SHD complies with the ADA and considers 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.)

Some of our patients do not speak English. Do you speak, write, or understand any foreign language? Yes ____ No ____

If yes, which language(s): _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Seneca Healthcare District? If yes, please explain:

Are you currently employed? Yes ____ No ____

If so, may we contact your current employer? Yes ____ No ____

EDUCATION, TRAINING, AND EXPERIENCE

SCHOOL	NAME/ADDRESS	YEARS COMPLETED	GRADUATE		DEGREE OR DIPLOMA
			YES	NO	
High School					
College/ University					
Graduate School					
Vocational/ Business					
Health Care					

Answer the following questions if you are applying for a professional position.

1) 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:

2) Do you have a current CPR card? Yes ____ No ____ If yes, expiration date: _____

Please be aware that employment is conditional based on completion of our preplacement requirements, which includes a background check, physical examination, drug & alcohol testing, tuberculosis testing, MMR and Hepatitis screen.

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. However, the nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for, may be considered.



EMPLOYMENT HISTORY

List below all present and past employment, starting with your most recent employer (the last 10 years of employment history is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a résumé.

NAME OF EMPLOYER: _____

Mailing Address: _____

Type of Business: _____ Supervisor's Name _____

Employment Dates: _____ to _____

Telephone number: (_____) _____ - _____ Email address: _____

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

Your Position Title: Duties:

Reason for Leaving: _____

NAME OF EMPLOYER: _____

Mailing Address: _____

Type of Business: _____ Supervisor's Name _____

Employment Dates: _____ to _____

Telephone number: (_____) _____ - _____ Email address: _____

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

Your Position Title: Duties:



Reason for Leaving: _____

NAME OF EMPLOYER: _____

Mailing Address: _____

Type of Business: _____ Supervisor's Name _____

Employment Dates: _____ to _____

Telephone number: (_____) _____ - _____ Email address: _____

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

Your Position Title: Duties:

Reason for Leaving: _____

NAME OF EMPLOYER: _____

Mailing Address: _____

Type of Business: _____ Supervisor's Name _____

Employment Dates: _____ to _____

Telephone number: (_____) _____ - _____ Email address: _____

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

Your Position Title: Duties:



Reason for Leaving: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes ____ No ____

If so, describe those skills/abilities:

REFERENCES

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

Name: _____

Mailing Address: _____

Occupation: _____

Telephone number: (_____) _____ - _____ Email address: _____

Years acquainted: _____

Name: _____

Mailing Address: _____

Occupation: _____

Telephone number: (_____) _____ - _____ Email address: _____

Years acquainted: _____

Name: _____

Mailing Address: _____

Occupation: _____



Telephone number: (_____) _____ - _____ Email address: _____

Years acquainted: _____

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: M F

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 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





Please Read Carefully, Initial Each Paragraph, and Sign Below

_____ 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 Seneca Healthcare District to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Seneca Healthcare District 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 Seneca Healthcare District, 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 Seneca Healthcare District. 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 Seneca Healthcare District and that no promises or representations contrary to the foregoing are binding on Seneca Healthcare District unless otherwise provided in an applicable collective bargaining agreement or memorandum of understanding.

_____ I understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the U.S.

_____ I understand that offers of employment are conditioned on Seneca Healthcare District's receipt of satisfactory responses to reference requests, the satisfactory completion of a post-offer medical examination, and the completion of a Consumer Report to include a criminal background check.

Date: _____ Applicant's Signature: _____

Name: _____

(Please Print)

