

East Valley Hospital

Medical Center

150 West Route 66 ■ Glendora, California 91740 ■ Tel: (626) 852-5000 ■ Fax: (626) 852-5022

EMPLOYMENT APPLICATION

EMPLOYMENT DESIRED Today's Date: _____

Position Desired: _____ Referred by: _____

How did you hear about EVHMC?: _____ My present employer MAY MAY NOT be contacted.

Available to Work: Full Time Part Time Per Diem Temporary

Shift Available to Work: Days Evenings Nights If hired, date you can start: _____

If hired, can you present proof of your legal right to work in this country? YES NO

Are you over 18 years of age? YES NO

Were you previously employed at EVHMC: YES NO _____

PERSONAL DATA

Name: _____ Social Security No.: _____

Have you ever been employed under another name? NO YES, give name(s) _____

Address: _____

Home Number _____ Message/Cell Number _____

Email: _____

Do you have any relatives working at EVHMC? YES NO if yes, please provide name(s): _____

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. _____

Have you been convicted of any felony/serious misdemeanor? YES NO NOTE: A record of conviction will not necessarily disqualify you.

Other language, besides English spoken: _____

EDUCATION

SCHOOL ATTENDED

	NAME & ADDRESS	GRADUATED	DIPOLMA/DEGREE
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Other Special Skills/Qualifications: _____
 Type of Professional License/Certification _____ Lic./Cert.#: _____ Expiration Date: _____

HR revised 06/2005

<p>EMPLOYMENT RECORD In the space provided below, list all employment or volunteer service for the past 10 years, give most recent first. Attach additional sheet(s), if necessary.</p> <p>Employer: _____ Phone No: () _____ Address: _____ Duties: _____ _____ Reason for leaving: _____</p>	<p>From: _____ To: _____ Position: _____ Supervisor's Name: _____ Starting Salary: _____ Ending Salary: _____</p>
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U.S. MILITARY SERVICE

Are you now enrolled in Military Reserve?

Service Branch: _____ Initial Rank: _____ Current Rank: _____ Specialty: _____
 Special Training Received: _____

PERSONAL REFERENCES In the space below, give three personal references (other than relatives or former employers)

Name	Address	Period Known	Telephone Number

I certify that the above information is true and complete to the best of my knowledge. I understand that initial and continued employment depends on the truth and accuracy of this information and misrepresentation will constitute grounds for immediate dismissal (all applicants under 18 years of age must present a signed work permit for any position). I agree to submit to a physical examination and understand that employment with the hospital is based on (1) passing physical examination by a hospital designated physician; (2) satisfactory reference reports; (3) accuracy of all pre-employment information furnished; (4) satisfactory experience and preparation for a particular job. I hereby authorize East Valley Hospital Medical Center, former employers, and references to furnish, without liability, any information that they may have concerning my application for employment.

I understand that the employment relationship at East Valley Hospital Medical Center is on an at-will basis and that if I am hired, I or EVHMC may end the employment relationship at any time with or without cause with or without notice.

Applicant's Signature:

Date: