

Employment Application

An Equal Opportunity Employer



westside
HEALTH CARE DISTRICT

West Side Health Care District
218 6th Street
Taft, CA 93268
Phone (661) 765-7234
Fax (661) 765-7284

For Official Use Only

Company Authorized Signature	Date	Job Code	Status	

Position Applied For

Title
Department
Date Advertised
Minimum Acceptable Salary/Wage:

Why are you applying for work with the Company? _____

Personal Information

Last Name	First Name	Middle Initial	Application Date
Home Phone	Business Phone	Email Address	
Permanent Address	City	State	Zip Code
Driver's License Number	State	Expiration Date	

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

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

Are you under 18? Yes No If you are under 18 and still in high school, you may be required to provide a work permit upon hire.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed) Yes No

If yes, state the nature of the crime(s), when and where convicted and disposition of the case: _____
(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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: _____

How were you referred to us? Website Advertisement Agency Employee Referral Self Other:

Do you have any friends or relatives working for the Company? Yes No If so, please state the names and relationships: _____

Have you ever applied to or worked for the Company before? Yes No If so, when? _____

What position did you hold? _____ Manager? _____

Education and Training

Name of High School, Technical School, and College	City, State	Major	Degree/Diploma

Additional education, vocational, military, or other information you feel may be helpful to us in considering your application: _____

Professional Certificates or Licenses Held: _____

Employment History

Please list most recent employer first.

Company Name	Address	City, State	Zip Code
Starting Job Title	Ending Job Title	May we contact employer? <input type="radio"/> Yes <input type="radio"/> No	
Supervisor's Name and Title		Phone	
Reason for Leaving			
Job Duties	Dates of Employment		
	From (mo/yr)	To (mo/yr)	
	Starting Rate of Pay (\$)	Ending Rate of Pay (\$)	

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	From (mo/yr)	To (mo/yr)	
	Starting Rate of Pay (\$)	Ending Rate of Pay (\$)	

Business Reference Data

Please list three present or former supervisors or managers who have knowledge of your work performance within the last three years.

1.	Name	Phone	Email Address	Business Relationship
2.				
3.				

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 the Company 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 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.
_____	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.
_____	Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. <input type="checkbox"/> I waive receipt of a copy of any public record described in the paragraph above.
_____	I understand that if I am being considered for employment by the Company, I may be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid by the Company) and to authorize the release of the physical examination and test results to the Company. Applicants whose test results are positive (prohibited substance present) will not be eligible for further employment consideration.
_____	In consideration of my employment, I agree to conform to the rules and regulations of the Company. I understand that my Employment Application will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area of job interest. I also understand that should I wish to continue being considered for job openings beyond the six-month period, I must reapply by submitting a new Employment Application or submitting a letter requesting renewal of my Application and including an update of my qualifications.
_____	_____
Signature	Date