

# Employment Application

**PLEASE READ CAREFULLY**

**ANSWER ALL QUESTIONS**

**PRINT CLEARLY**

01/18

**Personal Information**

|   |   |  |                     |
|---|---|--|---------------------|
| Today's Date  | Last Name   | First  | Middle              |
| Home Address  | Street  | Apt.   | City State Zip Code |
| What other names have you been employed under if different from present name?                                 |   |  |                     |
| Home Phone ( )  | Cell Phone ( )  | Preferred number to call first:<br>Home Cell |                     |
| E-mail:   | Are you 18 or over? Yes No<br>If hired, you will be required to submit proof of age |  |                     |
| Name of person through whom you may contacted for message purposes:<br>Address:                               |   |  | Phone ( )           |
| If hired, can you furnish proof that you are legally permitted to work in the United States of America Yes No |   |  |                     |
| Name of Relatives employed by this facility   |   |  |                     |
| How did you learn about this job opening?   |   |  |                     |

**United States Military Experience**

|                          |                              |            |
|--------------------------|------------------------------|------------|
| Branch                   | Initial Rank                 | Final Rank |
| Service Schools Attended | Specialty (Nature of Duties) |            |

**Educational Background**

|   |          |   |                  |
|---|----------|---|------------------|
| High School   | Location | Circle Last Grade Completed<br>9 10 11 12 | Diploma?         |
| College   | Location | 1 2 3 4                                   | Degree and Major |
| Other education, Specialized Courses or Academic Honors |          |   |                  |
| College in which you are currently attending            |          |   |                  |

**Skills**

|  |                                   |                               |
|--|-----------------------------------|-------------------------------|
| Typing Speed<br>(Date last tested)                                     | Phone System Experience<br>Yes No | Medical Terminology<br>Yes No |
| List other knowledge or skills you poses or equipment you can operate: |                                   |                               |

**Professional Licenses/Certification**

|      |        |              |             |                 |           |
|------|--------|--------------|-------------|-----------------|-----------|
| Type | Number | State Issued | Date Issued | Expiration Date | Confirmed |
| Type | Number | State Issued | Date Issued | Expiration Date | Confirmed |

List any professional organization of which you are a member (you may omit any which indicates sex, religion, national origin, ancestry, handicap or disability, age sexual orientation, marital race status, or military status)

**Job Interest**

|                          |                      |                       |                       |
|--------------------------|----------------------|-----------------------|-----------------------|
| <u>First Choice</u>      | <u>Second Choice</u> | <u>Date Available</u> | <u>Salary Desired</u> |
| Hours & Shifts Available | Full-time<br>Yes No  | Part-Time<br>Yes No   | Per Diem<br>Yes No    |
|                          | Day<br>Yes No        | Evenings<br>Yes No    | Nights<br>Yes No      |
|                          |                      |                       | Weekends<br>Yes No    |

**Employment History Most Recent Employer First**

**(Explain any lapses in employment between jobs. You do not have to go back more than 10 years)**

|                                  |   |
|----------------------------------|---|
| <b>Company</b>                   | <b>Phone Number</b> (      )  |
| <b>Address</b>                   | <b>Average hours worked weekly</b> _____<br><b>Were you full-time?</b> Yes No |
| <b>Job Title</b>                 | <b>Immediate Supervisor Name</b>  |
| <b>Describe your job duties:</b> | <b>Employed from:</b> _____ <b>To:</b> _____                                  |

**Reason for leaving:** \_\_\_\_\_ **May we contact this company?** Yes No

|                                  |   |
|----------------------------------|---|
| <b>Company</b>                   | <b>Phone Number</b> (      )  |
| <b>Address</b>                   | <b>Average hours worked weekly</b> _____<br><b>Were you full-time?</b> Yes No |
| <b>Job Title</b>                 | <b>Immediate Supervisor Name</b>  |
| <b>Describe your job duties:</b> | <b>Employed from:</b> _____ <b>To:</b> _____                                  |

**Reason for leaving:** \_\_\_\_\_ **May we contact this company?** Yes No

|                                  |   |
|----------------------------------|---|
| <b>Company</b>                   | <b>Phone Number</b> (      )  |
| <b>Address</b>                   | <b>Average hours worked weekly</b> _____<br><b>Were you full-time?</b> Yes No |
| <b>Job Title</b>                 | <b>Immediate Supervisor Name</b>  |
| <b>Describe your job duties:</b> | <b>Employed from:</b> _____ <b>To:</b> _____                                  |

**Reason for leaving:** \_\_\_\_\_ **May we contact this company?** Yes No

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and I agree to have any of the statements checked by Monrovia Memorial Hospital unless I have indicated to the contrary. I authorize the references listed above to provide Monrovia Memorial Hospital any and all information concerning my previous employment and any pertinent information that they may have. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Monrovia Memorial Hospital as well as from the use of disclosure of such in my failure to receive any offer or, if I am hired, or may be dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standard of Monrovia Memorial Hospital and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, either at my option or at the option of Monrovia Memorial Hospital. I understand that no employee or representative of Monrovia Memorial Hospital other than the CEO of Monrovia Memorial Hospital may alter the at-will nature of the employment relationship unless he /she does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant a identity and legal right to work in the United States.

I understand that any offer of employment with Monrovia Memorial Hospital may be conditioned on completing a pre-employment medical examination and a pre-employment drug and alcohol test. A purpose of the medical examination is to determine whether I am able to perform the essential functions of the job, I am offered with or without reasonable accommodation, to identify any reasonable accommodation if such is warranted, and to ensure that my performance of the essential functions does not present a direct threat to my health and safety or the health and safety of others. I agree to undergo such a pre-employment medical examination and drug and alcohol test. If hired by Monrovia Memorial Hospital, I further agree to undergo any periodic medical examination and/or drug or alcohol testing which are permitted or required by laws. Monrovia Memorial Hospital complies with Federal and State laws which prohibit discrimination on the basis of race, color, age, sex , religion, national origin, ancestry, disability or handicap, Veteran status, medical condition (as defined by California laws, sexual orientation and marital status.)

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**