

EMPLOYMENT APPLICATION



350 Terracina Blvd. • P.O. Box 3391
Redlands, CA 92373-0742
909/335-5553
www.redlandshospital.org

NAME / Last, First, Middle

Thank you for considering Redlands Community Hospital. Please take a few moments to carefully read the information provided.

THE APPLICATION PROCESS

Keep in mind that your application will represent you throughout the pre-employment process. Present yourself well by submitting a complete, accurate and neat application.

It is our policy to match the applicant's education and experience as closely as possible with our current needs.

POSITION

THE INTERVIEW PROCESS

If you are selected for the interview process, we will contact you. Should you not hear from us, you may assume that there was not a suitable match. Please keep in mind that we will retain your application for six months. You are welcome to contact us to have your application re-activated for a new position at any time.

JOB LINE

(909) 335-5550

FAX

(909) 335-5531

DATE

POST-EMPLOYMENT PHYSICAL EXAM

Our organization is committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a post-offer physical exam.

BACKGROUND CHECK

Our organization is concerned about violence in the workplace, falsified employment applications, and employment theft. We will conduct a full background check on all candidates for employment. All offers of employment are contingent upon acceptance of the background check.

www.redlandshospital.org

An Equal Opportunity Employer

We comply with all applicable state and federal civil rights and equal employment laws and regulations.

I. GENERAL INFORMATION

PLEASE PRINT CAREFULLY. ANSWER ALL QUESTIONS. PRINT IN INK.

LAST NAME		FIRST		MIDDLE		DATE	
HOME ADDRESS		STREET	APT	CITY	STATE	ZIP CODE	
HOME PHONE ()		WORK PHONE ()		AGE IF UNDER 18	IF HIRED YOU WILL BE REQUIRED TO SUBMIT PROOF OF AGE IF UNDER 18 AND YOU WILL BE REQUIRED TO HAVE A VALID WORK PERMIT		
HOW WERE YOU REFERRED TO US: <input type="checkbox"/> Advertisement: _____ (Publication) <input type="checkbox"/> Employee: _____ (Name) _____ <input type="checkbox"/> School: _____ <input type="checkbox"/> Other: _____							
IF HIRED, CAN YOU FURNISH DOCUMENTS ESTABLISHING YOUR IDENTITY AND YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?			<input type="checkbox"/> YES <input type="checkbox"/> NO	IF EMPLOYED, DO YOU HAVE TRANSPORTATION TO COMMUTE TO AND FROM WORK AT THE SCHEDULED HOURS OF THE JOB(S) FOR WHICH YOU ARE APPLYING?			<input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER			AUTO INSURANCE (If position requires use of own vehicle during work):				
DRIVERS' LICENSE NUMBER			EXPIRATION DATE		COMPANY: _____		
RELATIVES EMPLOYED AT REDLANDS COMMUNITY HOSPITAL:			RELATIONSHIP		FACILITY / DEPARTMENT		
NAME: _____							
Are you currently or have you previously been employed by Redlands Community Hospital, including through a Registry or Traveler Company? <input type="checkbox"/> YES <input type="checkbox"/> NO							

II. JOB INTEREST

FIRST CHOICE			SECOND CHOICE			DATE AVAILABLE	SALARY DESIRED
HOURS & SHIFT AVAILABLE:	FULL TIME YES <input type="checkbox"/> NO <input type="checkbox"/>	PART TIME YES <input type="checkbox"/> NO <input type="checkbox"/>	ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>	HOW MANY HOURS PER WEEK ARE YOU AVAILABLE? _____	DAY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>	EVENING SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>	NIGHT SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE ANY RESTRICTIONS ON CERTAIN DAYS OR HOURS? YES <input type="checkbox"/> NO <input type="checkbox"/>							
IF YES, PLEASE EXPLAIN: _____							

III. EDUCATIONAL RECORD

Education will be considered only to the extent that is relevant to the job(s) you are applying for.

HIGH SCHOOL	ADDRESS	CIRCLE LAST GRADE COMPLETED 7 8 9 10 11 12	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OBTAINED
COLLEGE	ADDRESS	MAJOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE	ADDRESS	MAJOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION, SPECIAL COURSES, OR ACADEMIC HONORS: _____				
LIST COURSES YOU ARE NOW ENROLLED IN WHICH RELATE TO THE POSITION(S) YOU ARE SEEKING. INDICATE WHERE ENROLLED. _____				

IV. SPECIAL SKILLS/TRAINING

This information is only taken into consideration to the extent that it is relevant to the job(s) you are applying for.

SPECIFY NUMBER OF MONTHS/YEARS OF EXPERIENCE AND/OR SPEED:

10 KEY (Touch) YES NO MEDICAL TERMINOLOGY _____ PBX (Type Board) _____

SPREADSHEET (Software used) _____ TYPING (Speed) _____ Date last tested _____

WORD PROCESSING (Speed) _____ Date last tested _____ (Software used) _____

EXPERIENCE ON A HOSPITAL COMPUTER SYSTEM? YES NO Describe: _____

PLEASE PRESENT ANY ADDITIONAL INFORMATION CONCERNING YOUR WORK INTEREST, EXPERIENCE, OR HOBBIES RELATED TO THE POSITION(S) YOU ARE SEEKING WHICH YOU BELIEVE WILL BE HELPFUL TO US IN EVALUATING YOUR QUALIFICATIONS (OMIT ANY WHICH INDICATE RACE, CREED, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, MEDICAL CONDITION OR DISABILITY).

V. EMPLOYMENT HISTORY

MOST RECENT EMPLOYER FIRST — EXPLAIN LAPSES IN EMPLOYMENT BETWEEN JOBS

INCLUDE ALL HISTORY. Include any military service, voluntary services related to the position you are seeking and every period of unemployment. If self-employed, give firm name, business activities undertaken by you. **DO NOT EXCLUDE ANY EMPLOYMENT, NO MATTER HOW SHORT A PERIOD.** If you need more space use additional pages. **As further explained below, by signing this application, you permit Redlands Community Hospital to contact your previous employers.**

PRESENT OR MOST RECENT EMPLOYER, VOLUNTARY ORGANIZATION OR BRANCH OF SERVICE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME UNDER WHICH YOU WORKED IF DIFFERENT FROM THAT SHOWN ON THE FRONT PAGE:	PHONE NO. () EXT.
ADDRESS (Number, Street, City, State, Zip)		<input type="checkbox"/> FULL TIME AVG. HRS. WKLY <input type="checkbox"/> PART TIME	
JOB TITLES HELD DURING COURSE OF EMPLOYMENT		EMPLOYMENT DATES	
NATURE OF DUTIES		FROM (MONTH) (YEAR)	TO (MONTH) (YEAR)
		SALARY	
REASON FOR LEAVING (indicate resigned, discharged, etc. because of...)		START	END
		\$ ____ per ____	\$ ____ per ____
IMMEDIATE SUPERVISOR (Name, Title)		DID THIS COMPANY CONDUCT A PERFORMANCE APPRAISAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

• EXPLAIN TIME LAPSE HERE

PRESENT OR MOST RECENT EMPLOYER, VOLUNTARY ORGANIZATION OR BRANCH OF SERVICE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME UNDER WHICH YOU WORKED IF DIFFERENT FROM THAT SHOWN ON THE FRONT PAGE:	PHONE NO. () EXT.
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NATURE OF DUTIES		FROM (MONTH) (YEAR)	TO (MONTH) (YEAR)
		SALARY	
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		\$ ____ per ____	\$ ____ per ____
IMMEDIATE SUPERVISOR (Name, Title)		DID THIS COMPANY CONDUCT A PERFORMANCE APPRAISAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

• EXPLAIN TIME LAPSE HERE

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ADDRESS (Number, Street, City, State, Zip)		<input type="checkbox"/> FULL TIME AVG. HRS. WKLY <input type="checkbox"/> PART TIME	
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		SALARY	
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• EXPLAIN TIME LAPSE HERE

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ADDRESS (Number, Street, City, State, Zip)		<input type="checkbox"/> FULL TIME AVG. HRS. WKLY <input type="checkbox"/> PART TIME	
JOB TITLES HELD DURING COURSE OF EMPLOYMENT		EMPLOYMENT DATES	
NATURE OF DUTIES		FROM (MONTH) (YEAR)	TO (MONTH) (YEAR)
		SALARY	
REASON FOR LEAVING (indicate resigned, discharged, etc. because of...)		START	END
		\$ ____ per ____	\$ ____ per ____
IMMEDIATE SUPERVISOR (Name, Title)		DID THIS COMPANY CONDUCT A PERFORMANCE APPRAISAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

• EXPLAIN TIME LAPSE HERE

VI. PROFESSIONAL LICENSES REGISTRATION CERTIFICATIONS

TYPE (If the position you are applying for requires a current license or certification, proof of same will be required)	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRES ON
TYPE (If the position you are applying for requires a current license or certification, proof of same will be required)	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRES ON
HAS YOUR PROFESSIONAL LICENSE OR CERTIFICATION EVER BEEN REVOKED, SUSPENDED OR PLACED ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", WHEN AND WHY?				
LIST ANY PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER. (You may exclude those which indicate the race, creed, color, religion, sex, age, national origin, medical condition or disability of its members.)				
LIST ACTIVITIES OR PROFESSIONAL OR TRADE ASSOCIATIONS IN WHICH YOU HAVE BEEN ACTIVE AND WHICH YOU FEEL ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (You may exclude those which indicate the race, creed, color, religion, sex, age, national origin, medical condition or disability of its members.)				

PLEASE ANSWER ACCURATELY

WE CONDUCT FULL BACKGROUND CHECKS ON ALL CANDIDATES.

YES NO Have you ever been convicted of a felony or a misdemeanor (excluding convictions for which the record has been sealed, expunged, eradicated, or judicially dismissed, or any marijuana related convictions more than two years old?) If yes, please explain when you were convicted and of what you were convicted. (We will not deny employment to any applicant solely because the person has been convicted of a crime. We, however, may consider the nature, date and circumstances of the offenses as well as whether the offense is relevant to the duties of the position applied for.)

YES NO Have you ever been convicted of a felony or a misdemeanor under another name? If yes, please explain when you were convicted and of what you were convicted. Include the full name under which you were convicted. (We will not deny employment to any applicant solely because the person has been convicted of a crime. We, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.)

YES NO Are you presently out on bail or on recognizance pending trial for the alleged commission of any crime? If yes, please explain. (We will not deny employment to any applicant solely because the person has been convicted of a crime. We, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.)

YES NO Have you ever engaged in conduct involving patient abuse and/or neglect, or conduct that resulted in an accusation of, or disciplinary action for, patient abuse and/or neglect? If yes, please explain. (We will not deny employment to any applicant solely because the person has been convicted of a crime. We, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.)

YES NO Are you presently out on bail or on recognizance under any other name pending trial for the alleged commission of any crime? If yes, please explain. Include the full name under which you have been charged. (We will not deny employment to any applicant solely because the person has been convicted of a crime. We, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.)

YES NO Have you ever been arrested for alleged sex or drug related offenses? If yes, please explain.

ACKNOWLEDGEMENT

Initial _____ (I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Redlands Community Hospital and its agent, that is making a hiring decision. I release all parties from any information and opinion, which is truthful, without malice, or made in good faith to you.

Initial _____ I understand that as a condition of employment, and at any time during my employment, I may be required to take and pass a physical examination which may include an alcohol and drug test to determine my ability to perform my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of healthcare who examine me to disclose to Redlands Community Hospital and its agent, all medical information revealed during such examinations. I agree to sign and release all parties from any information and opinion, which is truthful, without malice, or made in good faith to you.

Initial _____ I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States. I understand that within my first three working days I must furnish identification and proof of legal status for employment in the U.S. If I fail to do so or fail to supply satisfactory documentation within that frame, it will result in my immediate dismissal from employment.

Initial _____ I understand and agree that neither this application nor my acceptance of employment constitutes a contract of continued employment and I further understand that I should not, and I agree that I will not rely upon the foregoing as forming a contract of employment or as a guarantee or promise of continued employment. I understand and agree that my employment with Redlands Community Hospital and its agent, as a guarantee or promise of continued employment may be terminated at the will of myself or Redlands Community Hospital and its agent, at any time, with or without notice. I also understand that tenure would not modify the at-will employment agreement with me (whether written or oral) and I agree to sign and release all parties from any information and opinion, which is truthful, without malice, or made in good faith to you.

Initial _____ I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents) submitted are true and complete to the best of my knowledge. I understand that any false information or omission will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

APPLICANT SIGNATURE _____

DATE _____

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service
- Banking Service
- Background Check
- License Requirement
- Credit Check
- Other

with the following company ("the Company"):

Company Name: _____

Company Address: _____

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature _____ Date Signed _____

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address _____

City/State/Zip _____

Phone Number _____



Confidential: Request for Verification

TO:

From: Pre-employ.com
2301 Balls Ferry Road
Anderson CA 96007
Phone: 800-300-1821
FAX: 888-999-3839

I, the undersigned, hereby authorize and request all persons, schools, businesses, corporations, credit bureaus, courts, law enforcement, armed forces, employment commissions, and all government agencies to release the below-requested information without restriction or qualification. I authorize a copy of this Request for Verification to be considered as effective and valid as the original.

Name: Last	First	Middle
Date of Birth:	Social Security Number: (Last 4 Digits:) XXX-XX-	
Case Number:		

Authorization

Signature

Date

The information contained in this transmission is confidential information intended for the use of the individual(s) named above. If the reader of this message is not the intended recipient, you are hereby notified that dissemination, distribution, or copying of this communication is strictly prohibited. If you received this transmission in error, please immediately notify me by telephone to arrange for transmission correction.

The Pre-employ.com Family of Companies

Pre-employ.com, Mybackgroundcheck.com, Past-employ.com, and I-9Compliance.com

2301 Balls Ferry Road, Anderson, CA 96007 - Phone: 800-300-1821 FAX: 888-999-3839

The following information is for identification purposes only. Please print clearly in Black Ink!

Name: Last	First	Middle
List all other names used in the last 7 years:		
Date of Birth:	Social Security Number:	
Drivers License Number: ...	State issued:	
Current Address:		
City:	State:	Zip: ...
Address History - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:		
Dates:	City:	State: Zip:
Dates:	City:	State: Zip: ...
Dates:	City:	State: Zip: ...
Daytime phone number:		Email Address:

Company ID: 21334	Company Name: Redlands Community Hospital	PO#
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Please provide the school, university or college name (highest level of education received):

Institution		Institution	
Location	Attendance Dates	Location	Attendance Dates
Degree	Major/Minor	Degree	Major/Minor
Name used while attending:		Name used while attending:	

Personal References (Individuals with whom you have worked):

Professional License Information:

Name:	Phone:	License Type:	License Number:
Name:	Phone:	Issuing Authority:	State:
Name:	Phone:	Issue Date:	Expiration Date:

SIGNATURE: _____ DATE _____



NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Redlands Community Hospital (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **Pre-Employ.com, Inc., P.O. Box 491570, Redding, California 96049-1570, and (800) 300-1821**. The source of any credit report will be **Pre-Employ.com, Inc., P.O. Box 491570, Redding, California 96049-1570, or (800) 300-1821**.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under *California Civil Code section 1786.22*, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.