

Employment Application

Regal thanks you for your time and interest in our company as a place of employment. Regal is proud to be an **Equal Opportunity Employer**. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.

An Equal Opportunity Employer
 8510 Balboa Boulevard, Suite 150,
 Northridge, CA 91325 | Phone: (818) 654-3400

***Please fill in the requested fields electronically OR print and fill in by hand.

Last name: First Name: Middle Name:
 Address: City: State: Zip code:
 Phone: Home: Work: Cell:
 Email address:

Date of application:
 Position(s) applied for: (1st Choice) (2nd Choice)
 Location (or region): Salary desired (\$) *

*You must complete this section or your application will not be considered.

How did you hear about Regal Medical Group?

Advertisement (Specify): Friend Recruiter (Name):
 Employee (Name): Relative Other (Specify):
 Online job board (Specify): Walk-in
 Company website (Job search) Job fair

Are you currently employed? Yes No

What days are you available for work? Mon Tue Wed Thu Fri Sat Sun

What 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, if necessary? Yes No

If hired, what date can you start work?

Personal Information

Have you ever worked for Regal before? Yes No If 'Yes' when? Position:

Have you ever worked for any other Heritage Provider Network Medical Group? Yes No If 'Yes' which one? (check)

Bakersfield Family Medical Clinic Affiliated Doctors of Orange County Lakeside Community Healthcare
 Coastal Communities Physician Network Desert Oasis Health Care Regal Medical Group
 Heritage Victor Valley Medical Group High Desert Medical Group Sierra Medical Group
 Health Care Partners IPA New York

Do you have any friends or relatives working for Regal? Yes No If 'Yes', state name(s) and relationship:

Name / Region / Department: Relationship:

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

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

If hired, can you present evidence of your legal right to live and work in this country? Yes No

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.

(Note: We comply with the ADA and applicable state law considered reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill and agility tests).

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

(Note: Do not respond "yes" concerning the following: referral to diversion programs; misdemeanor marijuana-related convictions that are more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated).

If yes, state 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.)

Employment History

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all period of unemployment. **You must complete this section to be considered. Attached resumes are not a substitute.**

Employer: Supervisor:

Address: City: State: Zip code:

Phone number(s): Position / Job title:

Dates of employment: (From) To: Reason for leaving:

Weekly pay: (Starting) (Ending)

Work performed:

May we contact this employer for a reference? Yes No

Employer: Supervisor:

Address: City: State: Zip code:

Phone number(s): Position / Job title:

Dates of employment: (From) To: Reason for leaving:

Weekly pay: (Starting) (Ending)

Work performed:

May we contact this employer for a reference? Yes No

Employer: Supervisor:

Address: City: State: Zip code:

Phone number(s): Position / Job title:

Dates of employment: (From) To: Reason for leaving:

Weekly pay: (Starting) (Ending)

Work performed:

May we contact this employer for a reference? Yes No

Education, Training and Experience

High School:
Address: City: State: Zip code:
Years completed: Did you graduate? Yes No Degree Diploma Certificate

College / University:
Address: City: State: Zip code:
Years completed: Did you graduate? Yes No Degree Diploma Certificate

Vocational Business:
Address: City: State: Zip code:
Years completed: Did you graduate? Yes No Degree Diploma Certificate

Healthcare Training:
Address: City: State: Zip code:
Years completed: Did you graduate? Yes No Degree Diploma Certificate

Skills and Qualifications

In addition to your work history (previous page), what other experiences, skills or qualifications would especially fit for work with our company?

Professional References

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

Name: Number of years known:
Address: City: State: Zip code:
Phone number: Occupation:

Name: Number of years known:
Address: City: State: Zip code:
Phone number: Occupation:

Name: Number of years known:
Address: City: State: Zip code:
Phone number: Occupation:

Please read carefully, initial each paragraph and sign below.
(Electronic applicants, please type your initials or name into the fields provided)

_____ *Initial* 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.

_____ *Initial* 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 the Company and myself. 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 representation contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____ *Initial* I hereby authorize Regal 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.

_____ *Initial* Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, outstanding judgment and/or OIG and GSA Exclusions Lists) 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 if I have checked the box below.

_____ *Initial* I understand that if offered a position with Regal, I may be required to submit to a pre-employment medical examination, drug screening and/or background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of, these pre-employment tests and/or checks will result in withdrawal of any employment offer or termination of employment if already employed. I understand that I will be asked to provide authorization for a background check in a separate document. Offers of employment are conditioned upon Regal's receipt of satisfactory responses to reference requests.

_____ *Initial* I understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S.

_____ *Initial* I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

I waive receipt of a copy of any public record described in the paragraph above.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Applicant's Name

Applicant's Signature

Date