

# APPLICATION FOR EMPLOYMENT



*A not-for-profit health system*

1111 E. Stanley Boulevard  
Livermore, CA 94550  
(925) 373-4047  
(925) 373-4172 Fax  
www.valleycare.com

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

DATE \_\_\_\_\_

OTHER NAMES USED IN PAST EMPLOYMENT (FOR REFERENCE PURPOSES) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**POSITION(S) APPLYING FOR:** \_\_\_\_\_ **REQUISITION #:** \_\_\_\_\_

**Will you work -**    **Days**    **Nights**    **PMs**    **Weekends**    **Full Time**    **Part Time**    **Per Diem**

## PERSONAL DATA

STREET ADDRESS \_\_\_\_\_

(    ) \_\_\_\_\_

HOME PHONE

CITY, STATE, ZIP \_\_\_\_\_

(    ) \_\_\_\_\_

BUSINESS/MESSAGE PHONE

If you are not a U.S. Citizen, can you present an Alien Registration receipt card? \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_\_

Have you ever been employed by ValleyCare Health System? \_\_\_\_\_ If so, provide dates \_\_\_\_\_

Will you agree to have a medical evaluation should you be offered a position? \_\_\_\_\_ Are you related to anyone who is employed at the hospital? \_\_\_\_\_

If so, specify: \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_

Circumstances: \_\_\_\_\_

## EDUCATION

Circle highest grade completed:

(Elementary)

(High School)

(College)

1 2 3 4 5 6 7 8

1 2 3 4

1 2 3 4 5 6 +

TYPE OF SCHOOL	NAME OF SCHOOL COLLEGE OR UNIVERSITY	LOCATION	KIND OF COURSE-MAJOR SUBJECTS	DEGREES CONFERRED
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER (MILITARY, APPRENTICESHIP, VOCATIONAL)				

Are you registered or certified by any professional organization, or do you hold a professional or occupational license in the state of

California? \_\_\_\_\_ Registration or License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

## WORK SKILLS

Check any of the following skills which you have and list any others:

Accounting \_\_\_\_\_ Excel \_\_\_\_\_ Powerpoint \_\_\_\_\_

Bookkeeping \_\_\_\_\_ RN Specialties: Surgery \_\_\_\_\_ Recovery \_\_\_\_\_ Emergency Room \_\_\_\_\_

Specific software \_\_\_\_\_ Administration \_\_\_\_\_ Maternity \_\_\_\_\_

Nursery \_\_\_\_\_ Delivery Room \_\_\_\_\_ ICU, CCU \_\_\_\_\_ Other \_\_\_\_\_

Others \_\_\_\_\_

Indicate any foreign languages in which you are fluent: \_\_\_\_\_

How did you hear of our Health System or this position? (Please indicate which publication, employee, school)

Advertisement \_\_\_\_\_  Employee Referral \_\_\_\_\_  Publication \_\_\_\_\_  School \_\_\_\_\_

Job Fair  ValleyCare Health System Website  Internet  Other \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

To assist us in complying with government regulations that require reports on the sex, age, race/ethnicity, handicapped and veteran status of applicants, please provide the information requested below. **The data is for equal opportunity analysis only, and is kept confidential and separate from your Application for Employment.** Completion of the information is voluntary. We appreciate your cooperation.

Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Under 18 \_\_\_\_\_ Over 40 \_\_\_\_\_ 70 & Over \_\_\_\_\_

American Indian or Alaska Native \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

Asian \_\_\_\_\_

Two or more races \_\_\_\_\_

Black or African American \_\_\_\_\_

White \_\_\_\_\_

Hispanic/Latino \_\_\_\_\_

Handicap \_\_\_\_\_

Vietnam-Era Veteran \_\_\_\_\_

Disabled Veteran \_\_\_\_\_

## EMPLOYMENT HISTORY

**Instructions:** List present or most recent employer first. Include **all** employment, registry, temporary, military or volunteer service, including positions which may not relate to the jobs for which you are applying.

FROM MO.    YR.		TO MO.    YR.		COMPANY	TELEPHONE NO. (       )
SALARY				STREET ADDRESS, CITY, STATE, ZIP	
START		FINAL		SUPERVISOR'S NAME	SUPERVISOR'S TITLE
REASON FOR LEAVING				MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TITLE		STATUS <input type="checkbox"/> ON-CALL <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMP			SHIFT <input type="checkbox"/> DAY <input type="checkbox"/> PM <input type="checkbox"/> NIGHT
DUTIES					

FROM MO.    YR.		TO MO.    YR.		COMPANY	TELEPHONE NO. (       )
SALARY				STREET ADDRESS, CITY, STATE, ZIP	
START		FINAL		SUPERVISOR'S NAME	SUPERVISOR'S TITLE
REASON FOR LEAVING				MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TITLE		STATUS <input type="checkbox"/> ON-CALL <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMP			SHIFT <input type="checkbox"/> DAY <input type="checkbox"/> PM <input type="checkbox"/> NIGHT
DUTIES					

FROM MO.    YR.		TO MO.    YR.		COMPANY	TELEPHONE NO. (       )
SALARY				STREET ADDRESS, CITY, STATE, ZIP	
START		FINAL		SUPERVISOR'S NAME	SUPERVISOR'S TITLE
REASON FOR LEAVING				MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TITLE		STATUS <input type="checkbox"/> ON-CALL <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMP			SHIFT <input type="checkbox"/> DAY <input type="checkbox"/> PM <input type="checkbox"/> NIGHT
DUTIES					

FROM MO.    YR.		TO MO.    YR.		COMPANY	TELEPHONE NO. (       )
SALARY				STREET ADDRESS, CITY, STATE, ZIP	
START		FINAL		SUPERVISOR'S NAME	SUPERVISOR'S TITLE
REASON FOR LEAVING				MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TITLE		STATUS <input type="checkbox"/> ON-CALL <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMP			SHIFT <input type="checkbox"/> DAY <input type="checkbox"/> PM <input type="checkbox"/> NIGHT
DUTIES					

The answers that I have made to each and all of the foregoing questions are true to the best of my knowledge. I authorize this hospital to contact any of my past employers and/or schools and authorize my past employers and/or schools to furnish to this hospital any information concerning my previous employment and/ or education. I understand that any job offer from this hospital is contingent on a background check, which includes employment verification based on information provided on this application and my taking and passing a medical evaluation provided by the hospital. I also understand that any of my answers which are later found to be false may be grounds for immediate termination. I understand that if I become employed by ValleyCare Health System, I am free to resign at any time and ValleyCare Health System is at-will employer meaning they may terminate my employment at any time with or without cause.

**POLICY ON NON-DISCRIMINATION:** WE WILL NOT ENGAGE IN DISCRIMINATORY PRACTICES AGAINST ANY PERSON EMPLOYED OR SEEKING EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, MARITAL STATUS, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, GENDER, SEXUAL ORIENTATION, OR AGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

-----