

West Side Health Care District

119 Adkisson Way Taft, Ca 93268 Phone (661) 765-7234 Fax (661) 765-7284

Employment Application

				A	obilical	nt intori	mation						
Full Name:	-									Da	ate:		
	Last			F	First				M.I.				
Address:	Street Ad	dress									Apart	tment	'Unit #
	City								State		ZIP C	Code	
Phone:						Email							
Date Availat	ole:			Driver's Lice	nse No.;				Expirati	on Da	ate:		
Position App	olied for:										3		
If hired, wo	ould you h	nave re	liable n	neans of trans	portation	n to and t	from wo	rk?	YES	-	 Ю]		
Are you un	der 18?	YES	NO	If you are und permit upon I	der 18 and nire	d still in Hig	jh School	, you ma	ay be require	ed to p	provide wo	ork	
How were you referred to us? ☐ Website ☐ Advertisement ☐ Agency ☐ Employee ☐ Self ☐ Other:													
If other, ple	ase expla	iin:											
Have you ever worked for this company? YES NO If yes, when?													
	1-233				Ed	ucation		1991			000 J N		
High School:					Addre	ss:							
Did you gr	aduate?	YES	NO	Diploma::									
College:					Addre	ss:							
Did you grad	uate?	YES	NO	Degree:									
Other:					Addres	ss:							
Did you grad	uate?	YES	NO	Degree:									

References

riease list triree pro	Diessional references.			
Full Name:				Relationship:
				Phone:
Full Name:				Relationship:
•				Phone:
Address:				
Full Name:				Relationship:
Componi				Phone:
Addroce:				
	Previous E	mployme	ent	TAKE WELL TO BE THE REAL PROPERTY.
Company:				Phone:
A delegan				
Job Title:	Starting S	Salary:\$		Ending Salary:\$
Responsibilities:				
	To:			
May we contact your	previous supervisor for a reference?	YES	NO	
Company:				Phone:
A data as				•
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:
Responsibilities:				
From:	To:	Reason fo	or Leaving:	
May we contact your	previous supervisor for a reference?	YES	NO	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	alary:\$		Ending Salary:
Responsibilities:				
	To:			
May we contact your	previous supervisor for a reference?	YES □	NC	

Disclaimer and Signature

Initials	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 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.				
Initials	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.				
Initials	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 designed representative.				
Initials	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.				
Initials	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 of submitting a letter requesting renewal of my application and including an update of my qualifications.				
certify that my answers are true and complete to the best of my knowledge. this application leads to employment, I understand that false or misleading information in my application or iterview may result in my release.					

Signature:	Date: