



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Instructions to Applicant - You must fully and accurately complete the application for employment. Incomplete applications will not be considered. Catalina Island Medical Center may use the information given in the application to investigate the applicant's previous employment and background.

Name _____
LAST FIRST MIDDLE

Street Address _____
STREET CITY STATE ZIP CODE

Mailing Address _____
(if different) STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Other # (____) _____

Email Address _____

Please state all names used for education, employment, or other purposes including dates used, and reasons/purpose as well as preferred nick names. _____

Position Applied for: _____ Date of application ____ / ____ / ____

How did you find out about this position? _____

Type of employment desired: Full Time Part Time Per Diem Temporary/Seasonal

Are you willing to relocate, if necessary? YES NO

Are you able to work overtime, if necessary? YES NO

Are you available for work on weekends/Nights?..... YES NO

Date Available for work: _____ What is your desired salary range? _____

Are you at least 18 years old?..... YES NO

If under 18, and it is required can you furnish a work permit?..... YES NO
If no, please explain _____

Have you ever been employed with this medical center before?..... YES NO
If yes, when? _____

If hired, can you present evidence of your legal right to work in the U.S.?..... YES NO

If you are employed, will you be working in the same department or facility as a relative? 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 not, describe the functions that cannot be performed: _____

If the position you are applying for requires driving and cart, car or truck, do you have a valid Motor Vehicle Operator's License?.....YES NO

From which state? _____ Exp. Date: _____ Class: _____

Can you provide proof of vehicle insurance?..... YES NO
(If hired, driver's license and proof of insurance will be required.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor?) YES NO
 If yes, state nature of crime(s), when and where convicted and disposition of the case.
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

Note: Applicant will not be denied employment solely on the grounds of conviction for a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

Are you currently on probation or suspended sentence for any criminal offense? YES NO

If yes, describe in full, including dates, criminal offense(s), current status, expected date of completion, the name(s) and telephone number(s) of the probation or parole officer or other person(s) to whom you report.

EMPLOYMENT HISTORY

Start with your present or most recent job including military service assignments. Account for all periods of unemployment, including time in school or training. If you have worked for more than three employers, please use a separate sheet. This section must be completed even if attaching resume.

Name of Employer			Address/City/State	
Position/Department			From (Mo, Yr) To (Mo, Yr)	Hours per week
Duties				
Supervisor	Starting Salary	Ending Salary	May we contact this employer for a reference? Yes No	Telephone number ()
Employment Status (circle one): Full-time Part-time Per Diem as needed			Reason for leaving	

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Position/Department			From (Mo, Yr) To (Mo, Yr)	Hours per week
Duties				
Supervisor	Starting Salary	Ending Salary	May we contact this employer for a reference? Yes No	Telephone number ()
Employment Status (circle one): Full-time Part-time Per Diem as needed			Reason for leaving	

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Duties				
Supervisor	Starting Salary	Ending Salary	May we contact this employer for a reference? Yes No	Telephone number ()
Employment Status (circle one): Full-time Part-time Per Diem as needed			Reason for leaving	

SKILLS

Summarize any training, skills (including software/computer skills), professional license(s) and/or certificates that you believe will be beneficial for the position you are applying for:

Have you ever had any action taken against your professional license?.....YES NO

If yes, please explain circumstances and outcome. _____

Languages you Speak: _____ Write: _____ Read: _____
 Speak: _____ Write: _____ Read: _____

EDUCATION

Name and address of school	Courses of study	No. of years completed	Did you graduate?	Degree or diploma
High School				
College/University				
Vocational/Business				
Other (Vocational/Business school/etc.)				

Licensure/Certification

Please list the profession in which you are licensed, i.e., RN, LVN, RT, PT, etc.

License/Certification:	License Number:	Expiration Date
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REFERENCES

Provide contact information for three persons not related to you who have knowledge of your work performance within the last three years.

Name	Address	Phone number	Occupation	No. of years acquainted

Application Processing

Catalina Island Medical Center does not interview all applicants for vacant job positions. Those applicants to be interviewed will be contacted by Catalina Island Medical Center. Applications will be retained for 90 days following submission. After 90 days, applicants may submit a new application to Catalina Island Medical Center.

Application Statement

Please read carefully, initial each paragraph and sign below.

_____ 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 have accounted for all of my education, training, work experience, and other information requested on this application. Information provided on this application form, resume and other documents provided to Catalina Island Medical Center is true correct and complete. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any false, misleading, or incomplete information, 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.

_____ I hereby authorize Catalina Island Medical Center 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.

_____ I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. 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 Chief Executive Officer.

_____ I understand that my employment is contingent upon my successful completion of a pre-employment, post offer, physical examination which may include drug testing. I further understand that, within the time frame specified by the Organization, I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States.

_____ I understand that I may be asked to take drug and alcohol tests before any offer of employment. If I decline to be tested, I understand that I will not be further considered for employment. I also understand that I may be asked to take drug and alcohol tests during employment. If I decline to be tested, or if I do not pass the tests, my employment may be terminated.

_____ I further understand if I am employed, I will serve an introductory period of 90 days which, if successfully completed, will change my status to one of Catalina Island Medical Center employment categories (regular full-time, regular part-time, part-time or per-diem, temporary, or seasonal).

_____ I also understand that if I am hired I will be require to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____

Print Name: _____