



The Heart of Mountain Healthcare

**EMPLOYMENT APPLICATION**

Today's date \_\_\_\_\_

Name \_\_\_\_\_  
 (Last) (First) (Middle)

(State other names under which you have been educated or employed)

Position applied for: \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Per Diem \_\_\_\_\_ Temporary \_\_\_\_\_ Days \_\_\_\_\_ Nights \_\_\_\_\_

Address \_\_\_\_\_

Social Security \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Message phone(\_\_\_\_) \_\_\_\_\_

If you are under 18 years of age, can you produce a work permit if hired?  Yes  No

Can you, after employment, submit verification of your legal right to work in the United States?  Yes  No

If employed in the position for which you have applied, would you be in a supervisory, subordinate, or co-worker (i.e. within the same department) relationship to any relative or member of your household?  Yes  No

If yes, please specify: \_\_\_\_\_

Have you ever been convicted of a crime, in any court, other than traffic infractions as set forth in the California Labor Code?  Yes  No If yes, please explain:

(NOTE: Convictions are not an automatic bar to employment. Each case will be considered on its own merits.)

**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 and Dates
College or University				
Graduate School				
Other (Military, Apprenticeship, vocational)				

Are you registered or certified by any professional job related organization, or do you hold a professional or occupational license in the State of California?  Yes  No

If yes, please specify: \_\_\_\_\_

Registration or License No \_\_\_\_\_ Expiration date \_\_\_\_\_ Type \_\_\_\_\_

Do you hold or have you ever held a certification, professional or occupational license in a state other than California?  Yes  No

If yes, which state? \_\_\_\_\_

Registration or License No \_\_\_\_\_ Expiration date \_\_\_\_\_ Type \_\_\_\_\_

Source of Referral:  Self  Newspaper  School  State Employment Office

Community Agency  Recruited by the Hospital  Employee Referral Who? \_\_\_\_\_

Languages you read, speak or write, other than English, if relevant to the job in which you are applying:

\_\_\_\_\_  Speak  Read  Write

Mountains Community Hospital  
 P.O. Box 70  
 Lake Arrowhead, Ca 92352  
 909-336-3651

**EMPLOYMENT HISTORY**

1. Start with most recent employment first.
2. Include military experience, if relevant.
3. List only last five jobs or jobs in last five years.

4. Account for periods of unemployment.

<b>Name of Employer</b>	What were your principal duties and title?	Started Work MO      YR	Left Work MO      YR
Address of Employer		Salary \$ _____ per hour	
Telephone Number Ext		Reason for leaving?	
Your Supervisor		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name of Employer</b>	What were your principal duties and title?	Started Work MO      YR	Left Work MO      YR
Address of Employer		Salary \$ _____ per hour	
Telephone Number Ext		Reason for leaving?	
Your Supervisor		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name of Employer</b>	What were your principal duties and title?	Started Work MO      YR	Left Work MO      YR
Address of Employer		Salary \$ _____ per hour	
Telephone Number Ext		Reason for leaving?	
Your Supervisor		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name of Employer</b>	What were your principal duties and title?	Started Work MO      YR	Left Work MO      YR
Address of Employer		Salary \$ _____ per hour	
Telephone Number Ext		Reason for leaving?	
Your Supervisor		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

In addition to the information already provided. List any volunteer activities, training or other experience that you feels qualifies you for the position for which you have applied: You may omit those which may indicate race, age, sex, religion, color, national origin or sexual orientation.

I hereby certify that I have been informed of the duties of the position that I am applying for and that the information of this application is correct and complete to the best of my knowledge. I agree to have any of the statements checked by the Mountains Community Hospital unless I have indicated to the contrary. I understand and agree that, if offered a position, I will be required to take and pass a physical examination including drug testing before I will be allowed to commence work. Further I understand that falsification or omission of any material information on this application may be considered sufficient cause for immediate termination. I agree that, if employed, I will abide by and observe all policies, procedures, rules and regulations established by Mountains Community Hospital and understand that my employment is at will, if hired.

Signature of applicant \_\_\_\_\_