



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Date: _____

Name: _____
Last
First
Middle

Phone Number: _____ Referred By: _____

All Names Used In The Past:

_____ Last First Middle

Present Address: _____
Street
City
State
Zip

State Name of Any Relatives Working For Livingston Community Health:

EMPLOYMENT DESIRED:

Position: _____ Date You Can Start: _____

Expected Rate of Pay? _____ Are You Employed Now? _____

If So, May We Contact Your Present Employer? _____

Have You Ever Worked for this Company? _____ If So, When? _____

Have You Ever Applied to this Company? _____ If So, When? _____

Are you available to work:

- | | | | |
|-----------|-----------|------------|-----------|
| Full-time | Part-time | Shift-work | Temporary |
| On-call | Weekend | Overtime | |

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

U.S. Military or Naval Service? No Yes Rank: _____

Citations/Awards: _____

List any job-related skills that you learned while in the U.S. Military or Naval Service:

EDUCATION AND SKILLS:

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills or extra-curricular activities that are relevant to the job for which you are applying																	
Describe any honors, scholarships, appointments or awards you have received																	
State any additional information you feel may be helpful to us in considering your application																	

List any professional or vocational certificates, licenses, or registrations that you currently hold or have held in the past:

If you are applying for a position which requires driving:

Driver's License Information:

State: _____ Number: _____ Expiration Date: _____

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

Do you have automobile insurance as required by state law? No Yes

Have you ever initiated an act of violence in the workplace? Yes No

Have you used illegal drugs within the past thirty (30) days? No Yes

Are you able to perform the duties of the position for which you are applying, including regular attendance?

No Yes

FORMER EMPLOYERS:

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer:		Dates Employed		Work Performed
Address		From	To	
Job Title	Supervisor	Telephone Number(s)		
Reason for Leaving				
2. Employer:		Dates Employed		Work Performed
Address		From	To	
Job Title	Supervisor	Telephone Number(s)		
Reason for Leaving				
3. Employer:		Dates Employed		Work Performed
Address		From	To	
Job Title	Supervisor	Telephone Number(s)		
Reason for Leaving				

Have you been discharged or asked to resign from a positions or a job? No Yes

Explain reasons:

Explain any gaps in your employment history. (Do not provide information about any physical or mental disabilities or other medical information.)

I understand and acknowledge the following:

1. I understand that I am entitled to copies of any public records obtained directly by the Company in connection with my application for employment. Check one:

I waive do not waive my right to receive copies of public records obtained directly by the Company.
2. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
3. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
4. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.
5. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the CEO of the Livingston Community Health, no supervisor or manager may alter or amend the above conditions. Only the CEO of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
6. I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of drug screen.
7. I agree that I will settle any and all claims, disputes, or controversies arising out of or relating to my employment, my application or candidacy for employment, and/or cessation of employment with Livingston Community Health, exclusively by final and binding arbitration before a neutral Arbitrator (pursuant to the Company's Alternative Dispute Resolution Policy). By way of example only, such claims include claims under federal, state, and local statutory law, such as the Fair Employment and Housing Act, Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans With Disabilities Act, the law of contract and the law of tort.
8. If I am offered employment, I will, as a condition of employment furnish proof that I am over 18 years of age.
9. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.
10. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.
11. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through twelve (12) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by CEO of the Livingston Community Health.

Date: _____

Signature