

Coalinga Regional Medical Center
 1191 Phelps Avenue
 Coalinga , CA 93210
 Phone: (559)935-6420
 Fax: (559)935-6512

email address: jobs@coalingahospital.com

APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER

Please Print in Black or Blue Ink Only

POSITION DESIRED	DATE AVAILABLE
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NAME		
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>

MAILING ADDRESS			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	

TELEPHONE NUMBERS	
<i>Home () _____</i>	<i>Work () _____</i>
<i>Cellular () _____</i>	

PERSONAL INFORMATION	Are you under 18 years of age?	___ YES	___ NO
	Can you, after an offer of employment, submit verification of your legal right to work in the United States?	___ YES	___ NO
	Is there any reason that you would not be able to perform the job-related functions of the position for which you have applied?	___ YES	___ NO
	Have you worked for Coalinga Regional Medical Center before? If yes, under what name? _____	___ YES	___ NO
	Are you related to any employees or members of the Board of Directors of Coalinga Regional Medical Center? If yes, who? _____	___ YES	___ NO

EDUCATIONAL HISTORY Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		
<u>Name and Location of School Attended</u>	<u>Degree/Certificate Received</u>	<u>Major/Concentration</u>
High School		
College/University		
Other		

List any licenses, certifications or special training that pertain to job for which you have applied.

LANGUAGE PROFICIENCY	Other than English, list language proficiencies:		
	Language _____	___ Speak	___ Read ___ Write
	Language _____	___ Speak	___ Read ___ Write
	Language _____	___ Speak	___ Read ___ Write

How did you learn of this job opening?

EMPLOYMENT HISTORY

List your present or most recent employer first
Fill in all spaces. "See Resume" is not an acceptable response.

Name of Employer	Type of Business	Telephone Number
Address of Employer		
Date Started Employment		
Date Left Employment		
Reason for Leaving		
Your Job Title	Name of Your Immediate Supervisor	
Your Job Duties and Responsibilities		

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Date Left Employment		
Reason for Leaving		
Your Job Title	Name of Your Immediate Supervisor	
Your Job Duties and Responsibilities		

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive a job offer or, if I am hired, in my dismissal from employment. I understand that the passing of a drug test, a background check, and a physical evaluation provided by the company is a condition of employment. In consideration of my employment, I agree to conform to the rules and standards of Coalinga Regional Medical Center and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company.

Applicant's Signature

Date

COALINGA REGIONAL MEDICAL CENTER

APPLICANT EEO DATA SHEET

To meet government reporting regulations, applicants are requested to complete this data sheet. This information will be used solely for government reporting purposes. It will not be used as a selection criterion and will be treated as personal and confidential. Provisions of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Your cooperation will be appreciated.

PLEASE PRINT

Name: _____ Date: _____

Position Applied For: _____

Sex: _____ Male _____ Female

Ethnic Category: (Check One)

_____ American Indian or Alaskan Native

_____ Asian or Pacific Islander

_____ African American

_____ Hispanic

_____ Caucasian

NOTE: This document is to be filled separately from the Employment Application and shall not be kept in the employee's Personnel File.