



APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Redlands Community Hospital (the "Hospital") is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin, ancestry, sex, gender, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, gender identity, gender expression, marital status, or any other legally recognized protected basis under federal, state, or local laws, regulations, or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act, California's Fair Employment and Housing Act, and local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the Hospital. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

PLEASE BE ADVISED IF YOU HAVE EVER BEEN CONVICTED OF (OR PLEADED GUILTY OR NOLO CONTENDERE TO) A CRIME UNDER CALIFORNIA PENAL CODE SECTION 290 (SEX OFFENCES/SEX OFFENDER REGISTRATION ACT) OR THE CALIFORNIA HEALTH AND SAFETY CODE 11590 OFFENCES FOR CONTROLLED SUBSTANCES, IT MAY PRECLUDE YOU FROM WORKING IN A HEALTHCARE ENVIRONMENT. IF YOU NEED A LIST OF THE CRIMES, ONE WILL BE PROVIDED TO YOU UPON REQUEST.

GENERAL INFORMATION

Full Name _____ Date _____
First Middle Last

Address _____
Street City State Zip Code

Contact Number (____) _____ Date available for work _____

Alternate Contact Number (____) _____ Email (optional) _____

Are you legally authorized to work in the United States? Yes No

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? Yes No
 (If hired, verification will be required consistent with federal law.)

Are you at least 18 years old? Yes No
 (If no, you may be required to provide authorization to work.)

How were you referred to the Redlands Community Hospital? _____

POSITION INFORMATION

Position and department desired?
 First Choice _____ Second Choice _____

Applying for: Full-time Part-time Per Diem/On Call Days Evenings Nights

Redlands Community Hospital policy prohibits relatives working in the same department.

EMPLOYMENT RECORD

List ALL employment experience, starting with the most recent or present employer, including US Military Service. Using a separate section for each position, describe in detail all work experience including volunteer work and periods of unemployment. Applicable experience included on this application is used to determine salary. **Resumes may not be substituted in place of completing the following employment information.**

May we contact current employer? Yes No

<p>Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____</p>	<p>Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____</p>
<p>Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____</p>	<p>Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____</p>
<p>Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____</p>	<p>Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____</p>
<p>Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____</p>	<p>Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____</p>
<p>Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____</p>	<p>Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____</p>

EMPLOYMENT RECORD CONTINUED

Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____	Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____
Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____	Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____
Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____	Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____
Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____	Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____
Employer _____ Address _____ Your Position _____ Supervisor's Name/Title _____ Your primary responsibilities _____ _____ _____	Phone (_____) _____ From _____ To _____ Month/Year Month/Year Reason for leaving: _____ _____

Please explain any gaps of employment _____

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Graduated?	Course of Study or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Graduate School				
Other (including military training)				

List any work related certifications or licenses you currently possess.

If the position you are applying for requires a professional license, please answer the following:

1. Do you hold the required license or certification? Yes No
2. Is your license/certification active (i.e. not suspended, revoked, etc.)? Yes No
3. Has your professional license ever been suspended, revoked, placed on probation, or currently under review? Yes No

BACKGROUND INFORMATION

During the past seven years, have you ever been discharged, suspended or asked to resign from any position?

Yes No If yes, please explain. _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No If yes, specify name. _____

PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) that we may contact:

Name _____	Telephone No. _____
Email Address _____	Type of Acquaintance _____
Name _____	Telephone No. _____
Email Address _____	Type of Acquaintance _____

Have you worked for RCH before, either as an employee, volunteer or on a contract basis? Yes No

If yes, department/title? _____

Have you signed or otherwise agreed to any non-solicitation, non-competition, or other similar agreement with any prior employer?

Yes No If yes, explain _____

ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects, or any other information that will assist us in considering your application for employment.

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to start work with the Hospital. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to start work with the Hospital. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, as limited by relevant state and local laws, driving record, credit history, and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check. _____ Initials

I hereby certify that the information given by me is true in all respects. I authorize the Hospital and its representatives to contact my prior employers and all others (with the exception of my current employer, only if I have marked "May we contact?" on page 3 of this application as "No") for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested. _____ Initials

I understand employment with the Hospital is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. _____ Initials

I certify that, if employed, my employment with the Hospital will not conflict with, or result in the violation of, breach of, or default under, any contract, agreement, or understanding that I am a party to or am bound by, other than those I have disclosed in this application, if any. _____ Initials

I certify that, if employed, my employment with the Hospital will not violate any non-solicitation, non-competition, or other similar covenant or agreement I have with any of my prior employers, other than those I have disclosed in this application, if any. _____ Initials

I certify that, if employed, I will report to my supervisor, a representative of HR, or other member of management, if I am ever harassed by someone in the company or if I ever become aware of any unethical behavior by any employee. _____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the Hospital or me) without prior notice to the other, unless otherwise prohibited by law. _____ Initials

I understand that no representation, whether oral or written, by any representative or agent of the Hospital, at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of the Hospital has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment other than in a document signed by the head of Human Resources or an authorized representative. _____ Initials

I certify that all of the above information is true and complete, and I understand that any falsification or omission of information may disqualify me from further consideration for employment or, if hired, may result in termination regardless of the length of time before discovery.

Note: An offer of employment is conditioned upon complying with the Hospital's requirements including, but not limited to, signing a separate disclosure and consent form for any background investigation.

MY SIGNATURE MEANS THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____ Date _____