

# MAYERS MEMORIAL HOSPITAL DISTRICT EMPLOYMENT APPLICATION

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

(Last)

(First)

(Middle)

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

Salary expected \_\_\_\_\_

Willing to work	<input type="checkbox"/> RELIEF	<input type="checkbox"/> 8 HOUR SHIFTS	<input type="checkbox"/> DAYS
(Check all that apply)	<input type="checkbox"/> PART TIME	<input type="checkbox"/> 10 HOUR SHIFTS	<input type="checkbox"/> P.M.
	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> 12 HOUR SHIFTS	<input type="checkbox"/> NIGHTS

## PERSONAL DATA

Address \_\_\_\_\_  
 (Number) (Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

If you are under 18 years of age can you provide proof of eligibility to work  yes  no

Have you ever been employed with us before.  yes  no If Yes, When \_\_\_\_\_

Have you been convicted of a crime within the last ten years.  yes  no ( If yes describe in full) \_\_\_\_\_

If employed in the position for which you have applied, would you be in a supervisory, subordinate, or co-worker (i.e. within same department) relationship to any relative or member of your household? If Yes please specify. \_\_\_\_\_

Referred by \_\_\_\_\_

## 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 AND DATES
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER (Military or Vocational)				

Are you registered or certified by any professional organization, or do you hold a professional or occupational license in the State of California?  yes  no

If (yes) please specify: \_\_\_\_\_

Registration of License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type \_\_\_\_\_

Specialized Skills: \_\_\_\_\_

Office Skills--- Type/Keyboard WPM \_\_\_\_\_ Bookkeeping \_\_\_\_\_

Computer Software \_\_\_\_\_

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

**EMPLOYMENT HISTORY**

1. Most recent employment first.
2. List last 4 jobs or jobs in the last four years.
3. Account for periods of unemployment.

Name of Employer	What were your principal duties and title?	Started Work MO YR	Left Work MO YR
Address of Employer		Reason for Leaving?	
Telephone Number		Salary at leaving	
Your Supervisor		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer	What were your principal duties and title?	Started Work MO YR	Left Work MO YR
Address of Employer		Reason for Leaving?	
Telephone Number		Salary at leaving	
Your Supervisor		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer	What were your principal duties and title?	Started Work MO YR	Left Work MO YR
Address of Employer		Reason for leaving?	
Telephone Number		Salary at leaving	
Your Supervisor		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer	What were your principal duties and title?	Started Work MO YR	Left Work MO YR
Address of Employer		Reason for leaving?	
Telephone Number		Salary at leaving	
Your Supervisor		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**I hereby certify that I have been informed of the duties of the position that I am applying for and that the information on this application is correct and complete to the best of my knowledge. I agree to have any of the statements checked by the 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 before I will be allowed to commence work. Further, I understand that falsification or omission of any material 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 the hospital.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date