San Gorgonio



EMPLOYMENT APPLICATION

We are an equal opportunity employer, committed to a policy if non-discrimination in employment on any basis including race, religion, age, gender, disability, veteran status, or national origin.

Today's Date:				
Name:(Last)	(Fir	et)	(Middle)	
(Last)	(1 11	31)	(iviidale)	
(State other n	ames under which you l	nave been educate	ed or employed)	
Positions Applied for:				
Source of Referral: ☐ Self	☐ Internet ☐ News	paper □ School	☐ Recruited by Ho	spital
☐ State Employment agend	cy/web site ☐ Recruitm	nent Agency 🗆	Other:	
☐ Employee Referral Wh	าด?			
PERSONAL DATA				
Address:(Number)	(Stroot)	(City)	(Stata)	(7in)
			(State)	
Telephone #	Mess	age #		_
If you are under 18 years of	f age, can you produce	a work permit if hir	red? □ Yes □ N	Го
Can you, after employment ☐ Yes ☐ No	t offer, submit verification	on of your legal rig	ght to work in the Un	ited States?
Have you worked for this ho	ospital previously? 🗆 Y	es □ No If yo	es, when:	
State the name of any relat	ive working for this hosp	oital:		

(6/2010)

Have you ever been c (Exclude traffic infractions an expunged, or legally eradicate	d convictions for mariju	uana –related offenses more		
If yes, briefly describe the case.	the nature of the	e crime(s), the date	and place of convictio	n and disposition of
(Note: No applicant will be dedate of the offense, the surre considered.)				
Are you able to perfor	rm the essential f	functions of the posit	tion for which you are	applying either with
or without reasonable	accommodations	s? □ Yes □ No		
If "No", describe the fu	unctions that cann	not be performed		
EDUCATION				
EDUCATION Circle highest grade c	ompleted:	(Elementary)	(High School)	(College)
on die riighteet graae e	ompletedi	12345678	1 2 3 4	1 2 3 4 5 6
		12010010	1201	120100
If you did not complete	e high school, did	I you get a GED? □	Yes □ No	
Type of School	Name of Schoo	Location	Kind of Course	Degrees Obtained
College/University				
Graduate School				
Other (Military, Apprenticeship, Vocational)				
LICENSING INFORM				
	А	Are you licensed/certi	fied:	
\square R.N. \square L.V.N.	\square C.N.A. \square	\square R.P.T. \square R.T.	\square A.R.R.T. \square A.1	R.T. \square R.C.P.
□ R.P.H. □ Pharm	. Tech \square M.S.	W. ☐ Phlebotomy	\square M.T./C.L.S. \square C	OTHER
Issuing State: License Number:		Expiration [Date:	
Has your license/certif If yes, please explain:				
SPECIAL SKILLS	14/10/100	Computer Settwere	. .	
Typing Speed: Ten Key by Touch □		Knowledge of Modi	e: ical Terminology □ Y	
I. V Certified		EKG Course		OS LINU
BLS Certified				
ACLS Certified				
Certified second lang	uage ability, Lanç	guage	Speak Re	ad 🗆 Write

EMPLOYMENT HISTORY

Start with most recent employment first. Include military experience. Account for periods of unemployment. You may submit a resume in addition to this application but this section must be completed.

Name Address and Phone Number of E	mployer	Started work Left work
		Starting SalaryEnding Salary
		Reason for Leaving:
What were your principal job duties and	job title?	
Your Supervisor		May we contact? ☐ Yes ☐ No
Name Address and Phone Number of E	mployer	Started work Left work
		Starting SalaryEnding Salary
		Reason for Leaving:
What were your principal job duties and	iob title?	
, , ,	•	
Your Supervisor		May we contact? ☐ Yes ☐ No
		Started work Left work
Name Address and Phone Number of E	mployer	Started work Left work
		Starting SalaryEnding Salary
		Reason for Leaving:
What were your principal job duties and	job title?	
Your Supervisor		May we contact? ☐ Yes ☐ No
List three Professional References:		
Name	Title	Phone #
Name	Tale	Phone #
Name	Title	Phone #
Name	Title	Phone #

In addition, sumr	narize why you qualify for the position for which you have applied:
statements checked employment is cont criminal background future examinations contingent upon m successfully perform to appropriate agen understand that as perequired to succe to provide a urine spof the drug test are specifically signifies devices required by this employment appin any way restrict temployment relation terminate the relation refusal of employment.	CONSENT AGREEMENT The answers to all following questions are true to the best of my knowledge and agree to have any of the by San Gorgonio Memorial Hospital (SGMH) unless I have indicated to the contrary. I understand that ingent upon satisfactory completion of reference, employment and/or education checks as well as a check. Should a job offer be made, I consent to taking a pre-placement physical examination and such as may be required by SGMH. I understand that any job offer or my continuing employment, if hired, is a being physically, mentally and medically able, with or without reasonable accommodation, to the essential functions of my job. I agree that the results of my medical/health screen may be released the sies in the event of a worker's compensation injury and/or dispute on payment of a medical claim. I hart of my pre-placement physical examination, upon which any offer of employment is contingent, I will safully pass a drug screening test. The test will be administered at SGMH's expense, and will require me ecimen for analysis. The urine specimen will be analyzed for the presence of any type of drugs. Results confidential, and will not be disclosed to others without my specific written consent. My signature below my consent to this pre-placement drug screening test. I agree to wear or use all protective clothing or the facility and to comply with all safety policies and procedures. I understand that nothing contained in lication is intended to lead to or create an employment contract between SGMH and myself which would be right of the company to terminate my employment at will. I further understand and agree that the ship that may result from my application will be employment-at-will, and either I or SGMH may aship at any time. I understand that any omission, misrepresentation or falsification can be grounds for int. I further understand that, if employed, any false statements or misrepresentations herein or in application process may be cause for dismissal.
Date:	Applicant's Signature:

SAN GORGONIO MEMORIAL HOSPITAL - HUMAN RESOURCES DEPARTMENT

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION AND LANGUAGE ABILITY SURVEY

San Gorgonio Memorial Hospital is required by the U.S. Equal Employment Opportunity Commissions to collect and to maintain information regarding our employees and applicants. This self identifying information is voluntary and is only used for statistical purposes. As such, your cooperation is appreciated and the information you provide will be handled in a confidential manner in accordance with the ADA. Please be assured that your refusal to provide this information will not subject any applicant to any adverse treatment.

NAME	JOB TITLE//POSITION APPLYING FOR
SEX:	Please check one: MALE FEMALE
AGE:	Are you over 40 years old Yes No
RACE	/ETHNIC CATEGORIES: Please check one:
	WHITE (not of Hispanic or Latino origin): A person having origins in any of the original peoples of Europe. North Africa, or the Middle East.
	BLACK or AFRICAN AMERICAN (not of Hispanic or Latino origin): A person having origins in any of the Black racial groups of Africa.
	HISPANIC or LATINO: A person of Mexican, Puerto Rican, Cuban, Central or South American, other Spanish culture or origin, regardless of race.
	ASIAN (not of Hispanic or Latino origin): A person having origins in any of the original peoples of the Far East. Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America, (including Central America), and who maintain tribal affiliation or community attachment.
	NATIVE HAWAIIAN OR OTHER PACIFICE ISLANDER (not of Hispanic or Latino origin): a person having origins in any of the peoples of Hawaii, Guam Samoa, or other Pacific Islands
	TWO or More Races (not of Hispanic or Latino origin): All persons who identify with more than one of the above five races.

COMPLETE THE FOLLOWING ONLY IF YOU ARE CERTIFIED TO COMMUNICATE MEDICAL INFORMATION IN ANOTHER LANGUAGE. If you are certified we thank you for your assistance which will enable us to better communicate with non-English speaking and hearing impaired patients and visitors.

LANG	UAGE ABILITY:				
Language		< Speak	< Read	< Write	
Langua	Language		< Read		
	LANGUAGE: < Yes < No CAL TERMINOLOGY: < Yes < No				
VETE	RAN STATUS: Please check one:				
	SPECIAL DISABLED VETERAN: a veteran will military retired pay would be entitled to compen Affairs for a disability (i) rated at 30percent or military has been determined under Section 3106 of Title who was discharged or released from active duty by	sation) under lav lore, or (ii) rated a 38, U.S.C. to hav	vs administered b at 10 or 20 percer re serious employ	y the Department of Veter at in the case of a veteran venent handicap or (B) a per	rans who
	VIETNAM ERA VETERAN: means a person who United States on active duty for a period of more other than dishonorable discharge, if any part of septruary 28,1961, and May 7,1975; or (ii) between discharged or released form active duty for a seperformed (i) in the Republic of Vietnam between 1964 and May 7, 1975, in all other cases	e than 180 days, a such active duty o en August 5,1964 ervice-connected	and was discharge ccurred: (i) in the , and May 7,1975 disability if any	ed or released there from v Republic of Vietnam betw , in all other cases; or (B) part of such active duty	with reen was was
	RECENTLY SEPARATED VETERAN (Within	one year)			
	OTHER PROTECTED VETERAN: (if you are a here): Means veterans who served in the military during a war or in a campaign or expedition for w	, ground, naval o	or air service of th	ne United State on active of	
	NOT A VETERAN:				
APPI I	CANT SIGNATURE	 DATE			