



MARY HEALTH OF THE SICK
CONVALESCENT AND NURSING HOSPITAL
2929 Theresa Drive
Newbury Park, California 91320
Telephone (805) 498-3644

An Equal Opportunity Employer

Application for Employment

Applicant Information

Date: _____

Name: _____

Last

First

Middle

Telephone # _____ Mobile # _____ E-mail _____

Present Address _____

Street

City

State

Zip

Employment Desired

What Position are you applying for: _____

Type of Employment Desired:

Full-time

Part-time

What shift do you prefer?

Day

Afternoon

Night

Are you available for work on weekends?

YES NO

Would you be available to work overtime, if necessary?

If hired, on what date can you start work? _____

PERSONAL INFORMATION

Have you ever been employed here before?

YES NO

IF YES, WHEN? _____

Do you have any friends or relatives working for Mary Health?

Yes No

If yes, give name(s) and relationship _____

Are you at least 18 years old?

Yes No

(If under 18, hire is subject to verification of minimum legal age)

Are you legally eligible for employment in the U.S.?

Yes No

Evidence of U.S. Citizenship or proof of legal right to live and work in the U.S. will be required upon employment.

Do you have any limitation on your ability to perform the duties for which you are applying?

Yes No

If yes, describe the conditions and the nature of your work limitations _____

(Note: Employment is subject to passing a job-related physical examination before employment)

PERSONAL INFORMATION (Continued)

Have you ever been convicted of a crime, regardless of whether that conviction resulted in a sentence, suspended sentence, probation, or other resolution following a plea, verdict, or other finding of guilt? In responding to this question, do not include arrests that did not lead to conviction, convictions that are more than two years old for any violation of California Health & Safety Code section 11357 (possession of not more than 28.5 grams of marijuana), or any participation in or referral to a pre-trial or post-trial diversion program. Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case _____

An affirmative response to the above question will not result in your automatic disqualification from employment.

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	Years completed	Did you Graduate?	Degree or diploma
High School				
College/ University				
Vocational/ Business				
Health Care				
Other Training				

ANSWER THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR A PROFESSIONAL POSITION

Are you licensed/certified for the job applied for? Yes No

Name of license/certification _____

Issuing state _____

License/certification number _____ Expiration Date: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient)

Name of Employer _____

Address _____
No. Street City State Zip

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for leaving:

Name of Employer _____

Address _____
No. Street City State Zip

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for leaving:

EMPLOYMENT HISTORY (continued)

Name of Employer _____

Address _____
 No. Street City State Zip

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for leaving:

Name of Employer _____

Address _____
 No. Street City State Zip

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for leaving:

REFERENCES

List below three persons who have knowledge of your work performance within the last three years.

Name _____

Address _____
No. Street City State Zip

Telephone No. (____) _____ Number of Years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Telephone No. (____) _____ Number of Years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Telephone No. (____) _____ Number of Years Acquainted _____

Please Read and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

State regulations require that each employee receive a PPD test and reading before being allowed to begin work initially and annually thereafter. If the employee can show a documented history of positive reaction to a prior test, then he/she will be given a chest x-ray.

Date: _____ Applicant's Signature _____

AUTHORIZATION AND RELEASE OF INFORMATION

1. I authorize any representative of Mary Health of the Sick to thoroughly investigate my background, including, but not limited to, my references, educational record and work history. This information includes, but is not limited to, my work achievements, performance, attendance, disciplinary history, salary record and personal history.

2. I authorize and direct all of my former schools and employers, and any other individual or entity that possesses information about my background, to release such information about me upon request by a representative of Mary Health of the Sick, regardless of any prior direction to the contrary that I may have given, I also authorize disclosure to Mary Health of the Sick of all transcripts, reports, letters and other educational or work records, without prior notice to me.

3. I release all schools, past and present employers, and all other individuals and entities from any and all liability for damage of whatever kind which may at any time result to me because of compliance with this authorization and request to release information.

Signature of Employee: _____

Name (Please Print): _____ Date: _____

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Conducted by the Sisters Servants of Mary
EMPLOYEE REFERENCE INQUIRY

DATE: _____

TO: _____

REQUESTED BY: _____

The person named below has applied to us for a position as _____

Name: _____

Since the applicant referred to you as a former employer, we would consider it a favor both to the applicant and to us if you will give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We will greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form from you. Please be further assured that all information will be held in strict confidence.

The applicant was employed by us as a _____

From _____ To _____

The Applicant's

Integrity is	<input type="checkbox"/> High	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	
Neatness is	<input type="checkbox"/> Very neat	<input type="checkbox"/> Neat	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
Conscientiousness is	<input type="checkbox"/> High	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Intelligence is	<input type="checkbox"/> High	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Slow
Skill in position was	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Cooperation was	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Absences were	<input type="checkbox"/> High	<input type="checkbox"/> Average	<input type="checkbox"/> Low	

Reason for separation _____

Would you re-employ? Yes No

Would you recommend the applicant for the position applied for? Yes No

Other Remarks _____

Date: _____ Signature _____

I hereby authorize Mary Health of the Sick Convalescent and Nursing Hospital to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Date: _____ Applicant's Signature _____

Please Use Self-Addressed Envelope for Return