

Employment History *(continued)*

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	per	
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		HOURLY RATE/SALARY		
		FINAL		
		\$		

Comments *(Including explanation of any gaps in employment)* _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates to describe your qualifications. _____

Educational Background *(if job related)*

Are you a high school graduate? Yes No Name of High School/City/State _____

Higher Education

A. List last three (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree earned, if any. D. Major field of study.

A. SCHOOL	B. # OF YEARS COMPLETED	C. DEGREE	E. MAJOR

References

List name and telephone number of three business/work references that are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN

Additional Information

List professional, trade, business or civic associations and any offices held *(exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any similarly protected status)*.

ORGANIZATION	OFFICES HELD

List any additional information you would like us to consider _____

Applicant Statement

Applicant's Certification and Agreement. Please read carefully before signing.

I authorize the companies, schools or my current employer, if applicable, and previous employers and organizations named in this application (and accompanying resume, if any), to provide Central Valley Medical Center with any relevant information regarding an employment decision.

I agree that all questions asked and information released in good faith shall be privileged, and I expressly release Central Valley Medical Center, such employers, such other persons and any of their authorized representatives, from any and all liability arising from questions asked, information released or statements made.

In addition, as a prospective employee, I understand that my employment with Central Valley Medical Center, Nephi Medical Clinic, Central Valley Home Health, Central Valley Hospice, and/or Fountain Green Medical Clinic is contingent upon the following:

1. The results of a drug/alcohol screening, analysis for substance abuse, the positive results of which will be grounds for disqualifying me for employment.
2. My ability to provide verification of U.S. Citizenship, lawful permanent residency, or other proof of a work authorization document, or a combination of documents as specified in Section 2 of the Employment Eligibility Verification (Form I-9).
3. Ability to verify education and licensure if applicable.

We are an equal opportunity employer and assure that no question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, or disability.

Central Valley Medical Center follows the rules and regulations governing fair employment practices and respects the applicant's right to privacy and that all inquiries will be treated in confidence.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement of contract for employment for any specified periods or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.

Because we care about the continued health and safety of our guests and employees, Central Valley Medical Center maintains a smoke-free environment.

The facts set forth in my application for employment are true and complete. I hereby understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

Important

**Please take a moment and complete the attached Affirmative Action Program Applicant Information Form.
We thank you for applying for employment with Central Valley Medical Center.**



CENTRAL VALLEY MEDICAL CENTER

Affirmative Action Program Applicant Information Form

Central Valley Medical Center is an Equal Opportunity / Affirmative Action Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program.

Name: _____

Date: _____

Position Applied for: _____

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino) <input type="checkbox"/> I do not wish to self-identify	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran ** Other <input type="checkbox"/> Individual with Disabilities
Signature:		
How did you hear of our opening? <input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other – Explain Below:		
For Human Resource Use Only	Requisition #	Job Group

EEOC RACE / ETHNIC IDENTIFICATION CATEGORIES:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – 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 Alaska native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Individual With Disabilities – Defined as a person (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veteran of the Vietnam Era – Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and may 7, 1975; or (B) between August 5, 1964, and may 7, 1975, in any other location.

Special Disabled Veteran – Means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of service connected disability.

Other Protected Veteran - Includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Recently Separated Veteran – Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran – Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

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