



## Human Resources Department

3800 Janes Road, Arcata CA 95521  
(707) 826-8220 | (707) 826-8221 fax  
HRRrecruiter@MadRiverHospital.com

### Application for Employment

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Number & Street) (City) (ST) (Zip)

How long have you lived at this address? \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Number & Street) (City) (ST) (Zip)

How long did you live there? \_\_\_\_\_

Position(s) applied for: 1. \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ per \_\_\_\_\_

2. \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Do you want to work:  Full-time  Part-time

If part-time, specify days and hours: \_\_\_\_\_

Have you worked for us before?  Yes  No If yes, when? \_\_\_\_\_

If hired, on what date are you available to start work? \_\_\_\_\_

List any friends or relatives working for us: \_\_\_\_\_

### Educational Background

	Name & Address of School	Special Course of Study	Years Completed	Did You Graduate?	Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Graduate or Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment History

List in Order, Last or Present Employer First

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

\_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Describe Your Duties: \_\_\_\_\_

\_\_\_\_\_

May we contact the employers listed above?  Yes  No

If not, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

\_\_\_\_\_

## Personal References

Please provide four references, excluding former employers or relatives.

	Name	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

In accordance with Labor Code 432.7, Mad River Community Hospital reserves the right to ask about arrests when determination has been made that the applicant meets the minimum qualifications for the job.

**Please provide us with any additional information you believe will assist us in evaluating your skills and qualifications for placement in the proper position at Mad River Community Hospital:**

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Mad River Community Hospital is a drug and alcohol-free work environment. A pre-placement screening will be conducted prior to employment.

As part of Mad River Community Hospital's ongoing effort to select and hire the most qualified candidates, all pre-hire candidates shall undergo a thorough background check by an independent investigation agency.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.<sup>1</sup>

**Date:** \_\_\_\_\_ **Signature of Applicant:**<sup>2</sup> \_\_\_\_\_

<sup>1</sup> Note: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

<sup>2</sup> If applying via e-mail, you will be required to sign your application if called for an interview.



Equal Employment Opportunity Data

Completion of this form is entirely voluntary, and all information will remain confidential. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your employee record.

Name: \_\_\_\_\_

Sex:  Male  Female

Race/Ethnicity:

- Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American: a person having origins in any of the black racial groups of Africa.
Asian: 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.
Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement of accommodation, please check where applicable:

- Vietnam Era Veteran
Disabled Veteran
Individual with a Disability

To Be Completed by Employer:

EEO-1 Category

- 1.1 Executive/Senior Level Officials and Managers
1.2 First/Mid Level Officials and Managers
2. Professionals
3. Technicians
4. Sales Workers
5. Administrative Support Workers
6. Craft Workers
7. Operatives
8. Laborers and Helpers
9. Service Workers

Employer Information Completed By:

Name: \_\_\_\_\_ Date: \_\_\_\_\_