



Human Resources Department  
 3800 Janes Road, Arcata CA 95521  
 (707) 826-4927 phone | (707) 826-8221 fax  
 hrsupport@madriverhospital.com

## Application for Employment

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ (Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

How long have you lived at this address? \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Previous Address: \_\_\_\_\_ (Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (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 Specify days and hours if part-time: \_\_\_\_\_

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: \_\_\_\_\_ Salary: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor's name & title: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Describe your duties: \_\_\_\_\_

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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor's name & title: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Describe your duties: \_\_\_\_\_

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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor's name & title: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Describe your duties: \_\_\_\_\_

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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor's name & title: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Describe your duties: \_\_\_\_\_

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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 give 4 references, excluding former employers or relatives.*

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

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) .....  Yes  No  
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

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:

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.



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### 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:  American Indian/Alaskan Native  
 Asian  
 Hawaiian/Pacific Islander  
 Black/African American  
 Hispanic  
 White

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

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**To be completed by employer:**

EEO-1 Category	<input type="checkbox"/> 1. First Mid/Officials and Managers	<input type="checkbox"/> 6. Administrative Support
	<input type="checkbox"/> 2. Executive/Sr Officials and Managers	<input type="checkbox"/> 7. Craft Workers
	<input type="checkbox"/> 3. Professionals	<input type="checkbox"/> 8. Operatives
	<input type="checkbox"/> 4. Technicians	<input type="checkbox"/> 9. Laborers and Helpers
	<input type="checkbox"/> 5. Sales Workers	<input type="checkbox"/> 10. Service workers

Employer information completed by:

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