



---

**Employment Application - Page 2**

---

**Personal Information**

Have you ever worked for **Victor Valley Community Hospital** before? .....  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for **Victor Valley Community Hospital**? .....  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Why are you applying for work at **Victor Valley Community Hospital**?

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

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

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

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? .....  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, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? .....  Yes  No

If so, may we contact your current employer? .....  Yes  No

**Employment Application - Page 3**

**Education, Training and Experience**

| School Name and Address   | Did you Graduate?  | Year Completed | Degree or Diploma |
|---|--|----------------|-------------------|
| <b>High School</b><br>Name _____<br>Address _____<br>City _____ State _____ Zip _____         | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          | _____             |
| <b>College/University</b><br>Name _____<br>Address _____<br>City _____ State _____ Zip _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          | _____             |
| <b>Vocational/Business</b><br>Name _____<br>Address _____<br>City _____ State _____ Zip _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          | _____             |
| <b>Health Care</b><br>Name _____<br>Address _____<br>City _____ State _____ Zip _____         | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____          | _____             |

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?.....  Yes  No

If yes, which language(s)? ..... \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Victor Valley Community Hospital? .....  Yes  No

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**Employment Application - Page 4**

---

Answer the following questions if you are applying for a professional position:

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

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

Issuing Date & Expiration Date: \_\_\_\_\_

License/certification number: \_\_\_\_\_

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.

\_\_\_\_\_

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

Issuing Date & Expiration Date: \_\_\_\_\_

License/certification number: \_\_\_\_\_

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.

\_\_\_\_\_

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

Issuing Date & Expiration Date: \_\_\_\_\_

License/certification number: \_\_\_\_\_

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 five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer ( ) Telephone No.

\_\_\_\_\_  
Job Title Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

---

---

**Employment Application - Page 5**

---

---

**Employment History, continued**

---

|  |   |
|--|---|
| <hr/> Name of Employer   | <hr/> ( )<br>Telephone No.  |
| <hr/> Job Title  | <hr/> Your Supervisor's Name  |
| <hr/> Address & Street   | <hr/> City                      State    Zip                      - |
| Dates of Employment: <hr/> From                      To  | Hourly Wage: <hr/> Starting                      Ending             |
| <hr/> Your Position and Duties   |   |
| <hr/> Reason for Leaving   |   |
| May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

---

|  |   |
|--|---|
| <hr/> Name of Employer   | <hr/> ( )<br>Telephone No.  |
| <hr/> Job Title  | <hr/> Your Supervisor's Name  |
| <hr/> Address & Street   | <hr/> City                      State    Zip                      - |
| Dates of Employment: <hr/> From                      To  | Hourly Wage: <hr/> Starting                      Ending             |
| <hr/> Your Position and Duties   |   |
| <hr/> Reason for Leaving   |   |
| May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

---

|  |   |
|--|---|
| <hr/> Name of Employer   | <hr/> ( )<br>Telephone No.  |
| <hr/> Job Title  | <hr/> Your Supervisor's Name  |
| <hr/> Address & Street   | <hr/> City                      State    Zip                      - |
| Dates of Employment: <hr/> From                      To  | Hourly Wage: <hr/> Starting                      Ending             |
| <hr/> Your Position and Duties   |   |
| <hr/> Reason for Leaving   |   |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

Note: Attach additional page(s) if necessary.



**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my  
Initials chances for employment and that 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 hereby authorize the company to thoroughly investigate my references, work record, education and  
Initials other matters related to my suitability for employment and, further, authorize the references I have listed 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.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may  
Initials be granted or during my employment, if hired, 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

# APPLICANT DATA RECORD

Applicants are considered for all positions desired, and employees are treated during employment without regard to race, color, religion, sex, national origin, are, marital or veteran status, medical condition of handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application of Employment.

**YOUR COOPERATION IS VOLUNTARY.**

**(PLEASE PRINT)**

Date \_\_\_\_\_

Position (s) Applied For \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Did a Victor Valley Community Hospital Employee refer you? .....  Yes  No

If yes, state name:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

**PLEASE INDICATE: HOW DID YOU HEAR ABOUT US?**

- Ad \_\_\_\_\_ (please specify)       Magazine \_\_\_\_\_ (please specify)  
 Website \_\_\_\_\_ (please specify)       Other \_\_\_\_\_ (please specify)

## VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only.

Check one:       Male       Female

Check one of the following:       White       Black or African American

Hispanic or Latino       American Indian/Alaskan Native       Asian

Native Hawaiian or other Pacific Islander       Two or more races

Check if any of the following apply:

Veteran       Vietnam Era Veteran       Disabled Veteran       Handicapped Veteran

## PLEASE READ CAREFULLY

### DISCLOSURE AND AUTHORIZATION FORM

*Victor Valley Community Hospital* (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your employment application. **Pre-employ.com, Inc.**, or another consumer reporting agency, will obtain the report for the Company. **Pre-employ.com, Inc is located at 3655 Meadow View Drive, Redding, CA. 96002 and can be reached at 800-300-1821.**

The report will contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to: **Compliance Department, P.O. Box 491570, Redding, CA. 96049 or faxed to 888-999-3839.**

The Company is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission.

### ADDITIONAL STATE LAW NOTICES

If you live or are applying for a job in the state of California, Maine or New York, please review these additional notices.

**CALIFORNIA:** You may view the file maintained on you by **Pre-employ.com, Inc.** You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at **Pre-employ.com, Inc.** offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. **Pre-employ.com, Inc.** has trained personnel available to explain your file to you, including any coded information. If you appear in person, one other person may accompany you, provided that person furnishes proper identification.

**MAINE:** You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the Consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the Consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

**NEW YORK:** You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the Consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.



**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as **Pre-employ.com, Inc.**, to the Company. I understand that if the Company hires me, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to **Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or faxed to 888-999-3839**.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be utilized for the purpose of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

**For residents of, or for jobs located in California, Minnesota and Oklahoma only:** You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting **Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or by toll free fax 888-999-3839**.  **I request a free copy of the report.**

Occasionally, Pre-employ.com and/ or its partners send information on identity theft protection, background check information and other related products or services. I DO \_\_\_ or I DO NOT \_\_\_ wish to receive this information via email or mail.

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

**The following information is for identification purposes only. Please print clearly in Black Ink!**

Name: Last First Middle

List all other names used in the last 7 years:

Date of Birth: Social Security Number:

Drivers License Number: State issued:

Current Address:

City: State: Zip:

**Address History** - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:

Dates: City: State: Zip:

Dates: City: State: Zip:

Dates: City: State: Zip:

Daytime phone number: ( ) Email Address:

Company ID: 14779 Company Name: Victor Valley Community Hospital - Simon PO#

**Please indicate the services you would like to request for this applicant.  
Fax this sheet to 888-999-3839 or enter the information at <http://www.pre-employ.com>**

**Basic Services Requested:**

**Additional Services Requested: Please check box**

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security Trace           | <input type="checkbox"/> Anti Terrorist Watch List |
| <input type="checkbox"/> Criminal History Check          | <input type="checkbox"/> NCFS                      |
| <input type="checkbox"/> Drivers License Check           | <input type="checkbox"/> Civil History             |
| <input type="checkbox"/> Employment Verification         | <input type="checkbox"/> Federal Criminal History  |
| <input type="checkbox"/> Degree / Education Verification | <input type="checkbox"/> Federal Civil History     |
| <input type="checkbox"/> Reference Check                 | <input type="checkbox"/> Sex Offender              |
| <input type="checkbox"/> OIG/GSA Check                   | <input type="checkbox"/> Workers Compensation      |

**INFORMATION AND RELEASE AUTHORIZATION FORM  
FOR REFERENCE, EDUCATION OR LICENSE VERIFICATION INFORMATION ONLY**

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED by Pre-employ.com Inc.

I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.  
A photographic or faxed copy of this Information & Release Form shall be as valid as the original.

**I HEREBY AUTHORIZE YOU TO PROVIDE INFORMATION TO PRE-EMPLOY.COM INC**  
**Phone (800) 300-1821 Fax (888) 999-3839**

**THE FOLLOWING MUST BE FILLED OUT COMPLETELY .....PLEASE USE A PEN WITH BLACK INK**  
*(Please Print Clearly)*

|              |       |        |
|--------------|-------|--------|
| Name: Last   | First | Middle |
| Home address |       |        |
| City         | State | Zip    |

**Please provide the following information for each company listed on employment application (Use Additional Paper if Necessary):**

|          |                     |      |                               |                            |
|----------|---------------------|------|-------------------------------|----------------------------|
| Company  | Dates of Employment | From | To                            | May we Contact? _ Yes _ No |
| Address  |                     |      |                               |                            |
| City     | State               |      | Zip                           |                            |
| Position | Supervisor          |      | Telephone (include Area Code) |                            |
| Company  | Dates of Employment | From | To                            | May we Contact? _ Yes _ No |
| Address  |                     |      |                               |                            |
| City     | State               |      | Zip                           |                            |
| Position | Supervisor          |      | Telephone (include Area Code) |                            |
| Company  | Dates of Employment | From | To                            | May we Contact? _ Yes _ No |
| Address  |                     |      |                               |                            |
| City     | State               |      | Zip                           |                            |
| Position | Supervisor          |      | Telephone (include Area Code) |                            |

**Please provide the school, university or college name (highest level of education received):**

|                            |                   |                            |                  |
|----------------------------|-------------------|----------------------------|------------------|
| Institution                |                   | Institution                |                  |
| Location                   | Attendance Dates: | Location                   | Attendance Dates |
| Degree                     | Major/Minor       | Degree                     | Major/Minor      |
| Name used while attending: |                   | Name used while attending: |                  |

**Personal References (Individuals with whom you have worked):**

**Professional License Information:**

|       |        |                 |                  |
|-------|--------|-----------------|------------------|
| Name: | Phone: | License Type    | State Issued     |
| Name: | Phone: | License Number: |                  |
| Name: | Phone: | Issue Date:     | Expiration Date: |

SIGNATURE: X \_\_\_\_\_ DATE \_\_\_\_\_