



EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

250 N. First Street • Blythe, CA 92225 • Tel: 760.922.7033 • Fax: 760.921.1971
Email: hr@mypvh.org

Please Print

_____ Date _____ Last Name _____ First Name _____ Middle _____

Present Address

_____ No. & Street _____ City _____ State _____ Zip _____

(____) _____ Home Phone (____) _____ Cell/Other Phone _____ - _____ - _____ Social Security Number

Mailing Address (if different from present address)

_____ No. & Street _____ City _____ State _____ Zip _____

Employment Desired

Position :

Department:

Are you applying for:

- Regular full-time work? Yes No
- Regular part-time work? Yes No
- Per Diem work, e.g. On Call? Yes No
- Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

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

Salary desired: _____

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Personal Information

Have you ever applied to or worked for **Palo Verde Hospital** before? Yes No

If yes, when? _____

Do you have any friends or relatives working for **Palo Verde Hospital**? Yes No

If yes, state name(s) and relationship:

Name	Relationship
Name	Relationship

Why are you applying for work at **Palo Verde 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

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Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Field of Study
Vocational/ Business	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Field of Study
Health Care	_____ Name _____ Address _____ City State Zip	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Field of Study

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 Palo Verde Hospital? Yes No

If so, please explain:

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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: _____

Issuing Date & Exp 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 & Exp 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 & Exp 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. _____

Title/Position Your Supervisor's Name _____

Address & Street City State Zip _____

Dates of Employment: _____ Hourly Wage: _____
From To Starting Ending

Duties

Reason for Leaving May we contact this employer for a reference? Yes No

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Employment History, continued

<hr/> Name of Employer	<hr/> () Telephone No.
<hr/> Title/Position	<hr/> Your Supervisor's Name
<hr/> Address & Street	<hr/> City State Zip
Dates of Employment: <hr/> From To	Hourly Wage: <hr/> Starting Ending
<hr/> 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/> () Telephone No.
<hr/> Title/Position	<hr/> Your Supervisor's Name
<hr/> Address & Street	<hr/> City State Zip
Dates of Employment: <hr/> From To	Hourly Wage: <hr/> Starting Ending
<hr/> 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/> () Telephone No.
<hr/> Title/Position	<hr/> Your Supervisor's Name
<hr/> Address & Street	<hr/> City State Zip
Dates of Employment: <hr/> From To	Hourly Wage: <hr/> Starting Ending
<hr/> 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.

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Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I certify that the information contained in the is application or made in conjunction with it, is true and correct, and any misrepresentation or omission of any detail will be grounds for disqualification from employment or dismissal, should I be employed, whenever the correct information is known to the Company. I understand the following (unless otherwise specified in a valid collective bargaining agreement):

Initials This application for employment does not constitute an offer of employment or a contract of employment. That nothing in the oral or written statements during the application, interview, or if hired, during employment creates any contract of employment. I have not relied and will not rely to my detriment on any statement that suggests employment is for a definite period. Statements expressed throughout the pre-employment and employment periods make no promise of employment for a definite period. That employment of Palo Verde Hospital (PVH) is not by contract-expressed or implied and I or PVH may choose, at its will, to end the employment of relationship at any time. That if hired, PVH's policies and procedures (in whole or in part), do not constitute a contract of employment. Palo Verde Hospital will further reserve the right to modify its policies and procedures with or without notice.

Initials Palo Verde Hospital will perform a background check and if this check is completed after I am hire, and the result would have disqualified me for employment; I may be dismissed from employment after such information becomes known to PVH. That participation in PVH benefit plans, (insurance, etc.) is subject to PVH and Plan eligibility requirements; and PVH reserves the right to eliminate or modify any of its benefits at anytime. If employed, I will report to management any conduct which I believe constitutes unlawful harassment (sexual, racial, etc) or any work related unlawful or unethical reprisals whatsoever for good faith reporting of such conduct to management. PVH is hereby authorized to conduct reference checks to include present employer (if authorized), past employer, schools attended. I release PVH from any liability in performing these reference/background check.

By signing below, I certify that I have read and understand the above and submit my application under these conditions.

Date

Applicant's Signature

Referral Source:	Date: _____
Name of Applicant: _____	
Positions Applied for: _____	

- Walk-In
- Journal Ad
- Newspaper Ad
- Internet
- Other: _____
- Employee: _____

Date Applicant Signature