



APPLICATION FOR EMPLOYMENT

Saratoga Pediatric Subacute, CHoNC Pediatric Hospital and Scribbles & Giggles Pediatric Day Health Center are Equal Opportunity Employers.

Position(s) applied for: _____ Date of Application ____/____/____

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

Telephone # (____) ____ - ____ Mobile/Other Phone # (____) ____ - ____ E-mail Address: _____

Date available for work ____/____/____ What is your desired salary range?..... \$ _____

Type of employment desired • Full-time • Part-time • Per Diem/On Call • Seasonal

Languages spoken and written fluently: _____

Do you have any friends, relatives or significant others employed by the company to which you are app..... • Yes • No

If yes, please provide their name and your relationship: _____

What days and hours are you available to work? _____

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

Are you at least 18 years old?.... • Yes • No If under 18, can you provide a work permit, if required?..... • Yes • No

Have you ever been employed here before? • Yes • No If yes, please give dates and positions _____

If hired, can you present evidence of your US citizenship or proof of your legal right to work in the US? • Yes • No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed..... • Yes • No

If yes, please provide date(s) and details _____

(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 APPLIED FOR MAY, HOWEVER, BE CONSIDERED. DUE TO LICENSING REQUIREMENTS, IF OFFERED A POSITION AT CHILDREN'S RECOVERY CENTER YOU WILL BE REQUIRED TO SUBMIT TO A SOCIAL SECURITY TRACE AS WELL AS CRIMINAL RECORD AND SEX OFFENDER CHECKS.)

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 ACCOMODATION MIASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. DUE TO LICENSING REQUIREMENTS, HIRE IS SUBJECT TO PASSING A MEDICAL EXAMINATION.)

EMPLOYMENT HISTORY

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

<small>FROM</small>	<small>TO</small>	<small>EMPLOYER</small>	<small>TELEPHONE #</small> ()
<small>STARTING JOB TITLE/FINAL JOB TITLE</small>		<small>ADDRESS</small>	
<small>IMMEDIATE SUPERVISOR AND TITLE</small>		<small>SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES</small>	
<small>MAY WE CONTACT FOR REFERENCE</small> • YES • NO • LATER		<small>NAME OF REFERENCE CONTACT AND PHONE NUMBER:</small>	
<small>REASON FOR LEAVING:</small>			
<small>FROM</small>	<small>TO</small>	<small>EMPLOYER</small>	<small>TELEPHONE #</small> ()
<small>STARTING JOB TITLE/FINAL JOB TITLE</small>		<small>ADDRESS</small>	
<small>IMMEDIATE SUPERVISOR AND TITLE</small>		<small>SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES</small>	
<small>MAY WE CONTACT FOR REFERENCE</small> • YES • NO • LATER		<small>NAME OF REFERENCE CONTACT AND PHONE NUMBER:</small>	
<small>REASON FOR LEAVING:</small>			

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REASON FOR LEAVING:			

FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE • YES • NO • LATER		NAME OF REFERENCE CONTACT AND PHONE NUMBER:	
REASON FOR LEAVING:			

SKILLS AND QUALIFICATIONS

Summarize any training, skills, or education that may qualify you as being able to perform job-related functions in the position for which you are applying.

LICENSES & CERTIFICATES

LICENSE/CERTIFICATE	LICENSE/CERTIFICATE NUMBER	EXPIRATION DATE

EDUCATIONAL BACKGROUND

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE		DEGREE	MAJOR
OTHER			

PROFESSIONAL REFERENCES

NAME	TELEPHONE AND EMAIL ADDRESS:	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

ADDITIONAL COMMENTS

Please indicate at which company or companies you wish to be considered for employment:

- SARATOGA PEDIATRIC SUBACUTE 13425 Sousa Lane Saratoga, CA 95070
- CHONC PEDIATRIC HOSPITAL 3777 South Bascom Ave Campbell, CA 95008
- SCRIBBLES & GIGGLES PEDIATRIC DAY HEALTH CENTER 13411 Sousa Lane Saratoga, CA 95070

APPLICANT STATEMENT

Please read and initial each of the following statements:

- I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I hereby certify that I, personally have completed this application and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- 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 or contract for employment for any specified period 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 express language are valid unless they are in writing and signed by the employer's Chief Executive Officer.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
- I understand that if hired I will be required to submit to a background check, drug test, and physical and that I am entitled to copies of any such records obtained by the company.

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

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

Signature of Applicant _____ Date ____/____/____

Saratoga Pediatric Subacute
13425 Sousa Lane Saratoga, CA 95070
CHoNC Pediatric Hospital
3777 S. Bascom Ave Campbell, CA 95008
Scribbles & Giggles Pediatric Day Health Center
13411 Sousa Lane Saratoga, CA 95070

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applications for positions without regard to race, color, religion, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Male Female

NAME:

Last

First

Middle

POSITION(S) APPLIED FOR:

REFERRAL SOURCE: Advertisement Employee Private Employment Agency
 Walk-In Relative Government Employment Agency
Name of Source (if applicable) Other

Please check one of the following Equal Employment Opportunity Identification Groups:

- White or Caucasian Black or African American
 American Indian/Alaskan Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Multicultural - persons who identify with more than 1 of the above

Administrative Use Only

Position(s) applied for: Available Not Available

Hired: Yes No If yes, date of hire: _____

From the EEO job classifications listed below, which one best describes the position filled:

- Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

NOTES: _____

Completed by: _____

Date: _____