



DO YOU READ, WRITE OR SPEAK ANY FOREIGN LANGUAGE?	<input type="checkbox"/> YES	<input type="checkbox"/> Read	
	<input type="checkbox"/> NO	<input type="checkbox"/> Write	
		<input type="checkbox"/> Speak	
		<input type="checkbox"/> Which Language? _____	
ARE YOU A VETERAN OF THE UNITED STATES MILITARY SERVICE?	<input type="checkbox"/> YES	If Yes, please state branch of service	
	<input type="checkbox"/> NO		
ARE YOU AT LEAST 18 YEARS OF AGE?	<input type="checkbox"/> YES		
	<input type="checkbox"/> NO		

**EMPLOYMENT RECORD** INSTRUCTIONS: LIST PRESENT OR MOST RECENT FIRST. INCLUDE VOLUNTEER AND MILITARY SERVICE. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON SEPARATE SHEET OF PAPER.

<u>From</u> Month/Year	<u>To</u> Month/Year	Company		Telephone ( )
		Street Address/City	State	Zip
Starting Salary	Final/Current Salary	Supervisor's Name, Title & Phone		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving				
Position Title:		Duties & specialty areas		
<u>From</u> Month/Year	<u>To</u> Month/Year	Company		Telephone ( )
		Street Address/City	State	Zip
Starting Salary	Final/Current Salary	Supervisor's Name, Title & Phone		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving				
Position Title:		Duties & specialty areas		
<u>From</u> Month/Year	<u>To</u> Month/Year	Company		Telephone ( )
		Street Address/City	State	Zip
Starting Salary	Final/Current Salary	Supervisor's Name, Title & Phone		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving				
Position Title:		Duties & specialty areas		
<u>From</u> Month/Year	<u>To</u> Month/Year	Company		Telephone ( )
		Street Address/City	State	Zip
Starting Salary	Final/Current Salary	Supervisor's Name, Title & Phone		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving				
Position Title:		Duties & specialty areas		

## EDUCATION/TRAINING

SCHOOL	NAME AND LOCATION	DID YOU GRADUATE OR OBTAIN G.E.D.?	ACADEMIC MAJOR	DEGREE
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	N/A
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

LIST CURRENT LICENSURE, REGISTRATION, OR CERTIFICATION, PLEASE INDICATE:

TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ ORIGINAL ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

TYPE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ ORIGINAL ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

### COMPUTER SKILLS:

- Microsoft Windows 2000     
  Microsoft Outlook     
  Microsoft Word     
  Microsoft Excel  
 Microsoft Power Point     
  Meditech     
  Other \_\_\_\_\_

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS YOU WOULD LIKE TO NOTE WHICH MAKES YOU SUITED FOR EMPLOYMENT AT THE FRESNO HEART & SURGICAL HOSPITAL? IF YES, PLEASE EXPLAIN:

## EMERGENCY CONTACT INFORMATION

**Primary Contact Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ (home) Telephone Number: (\_\_\_\_) \_\_\_\_\_ (work)

Number: (\_\_\_\_) \_\_\_\_\_ (cell/pager)

**Secondary Contact Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ (home) Telephone Number: (\_\_\_\_) \_\_\_\_\_ (work)

Number: (\_\_\_\_) \_\_\_\_\_ (cell/pager)

**CONDITIONS OF EMPLOYMENT**

INSTRUCTIONS: PLEASE READ CAREFULLY AND INITIAL NEXT TO EACH PARAGRAPH, THEN SIGN AND DATE BELOW.

<i>Initials</i>	I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY 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>Initials</i>	<p>I HEREBY AUTHORIZE FRESNO HEART &amp; SURGICAL HOSPITAL TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION AND 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 THE COMPANY, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS, AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMAND OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.</p> <p>SHOULD A SEARCH OF PUBLIC RECORDS (INCLUDING RECORDS DOCUMENTING AN ARREST, INDICTMENT, CONVICTION, CIVIL JUDICIAL ACTION, TAX LIEN OR OUTSTANDING JUDGMENT) BE CONDUCTED BY INTERNAL PERSONNEL EMPLOYED BY FRESNO HEART &amp; SURGICAL HOSPITAL, I AM ENTITLED TO COPIES OF ANY SUCH PUBLIC RECORDS OBTAINED BY THE COMPANY UNLESS I INITIAL BELOW. IF I AM NOT HIRED AS A RESULT OF SUCH INFORMATION, I AM ENTITLED TO A COPY OF ANY SUCH RECORDS EVEN THOUGH I HAVE INITIALED BELOW.</p> <p style="text-align: center;">_____ I HEREBY WAIVE RECEIPT OF A COPY OF ANY PUBLIC RECORD DESCRIBED ABOVE.</p>
<i>Initials</i>	I UNDERSTAND THAT AS A PART OF THE POST-OFFER, PRE-EMPLOYMENT PROCESS A PHYSICAL EXAMINATION IS REQUIRED. IN SUBMITTING THIS APPLICATION, I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF A PHYSICAL EXAMINATION AND DRUG SCREEN.
<i>Initials</i>	I UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE PROVISION OF SATISFACTORY PROOF OF MY IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES. I FURTHER UNDERSTAND THAT OFFERS OF EMPLOYMENT ARE ALSO CONDITIONED ON FRESNO HEART & SURGICAL HOSPITAL'S RECEIPT OF SATISFACTORY RESPONSES TO REFERENCE REQUESTS.

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>
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FRESNO  
HEART & SURGICAL  
HOSPITAL

A facility of Community Medical Centers

**EEO APPLICANT DATA COLLECTION FORM**

Dear Applicant,

Federal and state laws require that we keep applicant flow data in our records for statistical purposes. This form is used to provide each applicant with an opportunity to furnish such information voluntarily. Accordingly, if you decide not to provide the information, your decision will not be held against you. All information that is provided will be used for **record keeping purposes only** and will be kept separate from an employee's main personnel file. This information will not be used for any discriminatory purposes nor will it be used for any employment decision.

If you wish to provide this information, please do **not** place your name on this sheet and please complete the following:

- American Indian or Alaska Native (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- White (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- Other (please specify \_\_\_\_\_)

Gender

- Male
- Female

Position Applied For: \_\_\_\_\_

Today's Date: \_\_\_\_\_