



Application For Employment

Modoc Medical Center
228 W. McDowell Ave.
Alturas, CA 96101
Fax 530-233-5884

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non job-related disability or any other legally protected group status. Modoc Medical Center is an equal opportunity employer.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Email Address:		

If you are under 18 years of age, can you provide required proof of your eligibility to work? • Yes • No

Have you ever filed an application with us before? • Yes • No

If Yes, provide date applied _____
name used _____
Position/title applied for _____

Have you ever been employed with us before? • Yes • No

If Yes, give: dates worked _____
Name used _____
Position/title worked _____

Are you currently employed? • Yes • No

May we contact your present employer? • Yes • No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? • Yes • No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: • Full Time • Part Time • Shift Work • Temporary

Are you currently on "lay-off" status and subject to recall? • Yes • No

Can you travel if a job requires it? • Yes • No

Do any of your relatives work for Modoc Medical Center? • Yes • No

If Yes, please provide name(s) of relative and relationship:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Revised: 1/18/18

EDUCATION

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any Honors you have Received																	
State any additional information you feel may be helpful to us in considering you for employment																	

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give **name, address and telephone number** of three references who are not related to you and are not previous employers.

1.
2.
3.

Have you ever had any job-related training in the United States military?

• Yes • No

If Yes, please describe _____

Are you physically able to perform the duties of the job for which you are applying?

• Yes • No

Revised: 1/18/18

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed or Retained		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor/Contact		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor/Contact		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

This is to inform you that Modoc Medical Center will conduct testing where permitted to identify job applicants who may be using illegal drugs and current employees who may be under the influence of illegal drugs and/or alcohol in the workplace. You have the right to refuse to undergo testing. However, an applicant's refusal to undergo testing will result in the termination of the pre-employment selection process. An applicant who fails a test will not be hired.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days, and that if I wish to be considered for employment beyond that time period, I should inquire as to whether or not applications are being accepted at a later time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or written agreement executed by both employer and employee, any employment relationship with this organization is governed solely by this organization's personnel policies and procedures, as amended from time to time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or other disciplinary measures. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application must be completed to qualify for consideration.

Attachments will be accepted with, but not in place of, a completed application.

I have read and understand the above written notice

Signature of Applicant

Date