



Employment Application

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion (including religious dress and accommodation), age, mental or physical disability, veteran status, medical condition, genetic information, marital or registered domestic partner status, sexual orientation, pregnancy or pregnancy related conditions, or any other characteristic protected by federal, state or local laws. **OVHD is an Equal Opportunity Employer. W/M/V/D.**

Note: Please answer all questions completely and accurately, even if you have submitted a resume. False or misleading statements during an interview and/or on this application form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Hours/Shift available: _____ Desired Salary: \$ _____

Position(s) Applying For: _____

Are you applying for: (check all that apply)

Regular Full-time Per Diem
Regular Part-time Temporary, e.g., summer or holiday

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

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

Other than time off for reasons related to your religion, a disability, or a medical condition, are there any days or times when you are unavailable to work? If so, please explain: _____

How did you hear about Oak Valley Hospital District and/or this position? _____

Were you referred by a current employee? If so, whom? _____

Can you provide proof of legal right to work in the United States? Yes No

Will you now or in the future require sponsorship? Yes No

Have you ever worked for OVHD? Yes No If yes, when? _____

Do you have any relatives working for OVHD? Yes No

If yes, explain: _____



Oak Valley Hospital District

Education & Training

High school: _____ Did you graduate? Yes No

City/State: _____ Diploma: _____

College/University: _____ Did you graduate? Yes No

City/State: _____ Degree earned: _____

Graduate School: _____ Did you graduate? Yes No

City/State: _____ Degree earned: _____

Trade School: _____ Area of Study: _____

Certificate Program(s): _____ Certificate(s) earned: _____

References

Please list three professional references of peers and supervisors. At least one must be someone you reported to.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Current/Previous Employment-Please go back 10 years

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title(s): _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



Oak Valley Hospital District

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title(s): _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title(s): _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Special Skills & Training

PC Skills: _____

Job-related Skills: _____

Special Skills: _____

Applicable Training: _____

Certifications: _____

Licenses: _____

APPLICANT CERTIFICATION



Directions: Please read each of the following sections carefully and initial next to each section to state that you ***“have read and understand”*** EACH STATEMENT before signing the disclaimer at the bottom of the application.

_____ I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete to my knowledge, and that no material fact has been intentionally omitted.

_____ I understand that any false statements appearing on this, or any other employment form will be sufficient reason to end further consideration of this application. If discovered after my employment, such false statement(s) will be sufficient reason for dismissal from the services of OVHD, regardless of the time that has elapsed before discovery.

_____ I authorize OVHD, or its designated agents to contact my references and to investigate my past employment, education, credentials, and driving record, if applicable, and other employment-related activities in order to procure an Investigative Report that may include but not be limited to criminal history, driving record, employment history, and education verification.

_____ I understand that such report may contain other information about my background. Where the position requires a credit check, a separate authorization will be provided. This authorization, in original or copy format, shall be valid for one year from the date indicated next to my signature below.

_____ I understand that OVHD will give me prior notice before beginning any type of investigation or portion of a background investigation and that OVHD will provide me a detailed consent and authorization form to conduct such investigations.

_____ I agree to cooperate in such investigation(s) as described above and release those parties supplying such information to OVHD from any and all liability or responsibility with respect to factual information provided to OVHD.

_____ I understand that according to the ***Fair Credit Reporting Act***, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency, if applicable. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

_____ I further understand that if I disagree with the reason and/or information obtained from or shared by a Consumer Reporting Agency, I have the right to contest the information directly with that agency. I also understand that if such action results in the correction or removal of information that may have had an impact on the hiring decision, I may contact OVHD within 60 days with evidence to request that OVHD review the decision.

_____ I understand that submitting this application in no way assures me a position with OVHD. I also understand that this application is not and is not intended to be, a contract of employment.

_____ I also understand that no one other than the CEO of OVHD has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the terms of this application and certification.

_____ I understand that OVHD is an “At-Will” employer and that employment with OVHD is “at will” and not for any specific or guaranteed period of time. If offered a position, I understand that I will be a direct hire, at will employee in a direct hire and at will employment relationship.

_____ If employed by OVHD, I agree to abide by the current rules, policies, procedures, performance, and conduct expectations of OVHD and any such policies, procedures, or rules that become effective after employment.

_____ I further understand that my initial and continued employment may be contingent upon successful completion of a post-offer, pre-employment drug and alcohol screening. I understand that OVHD believes strongly in a drug and alcohol-free work environment, and I will abide by the rules and policies regarding drugs and alcohol during the time of my employment.



Acknowledgement and Signature

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

If this application leads to employment, I understand that intentional false or misleading information on my application or during my interview process may result in my release from employment, regardless of when the untruths are discovered.

Applicant Name: _____

Please print

Signature: _____ Date: _____