



# SoHum Health

## EMPLOYMENT APPLICATION

**Southern Humboldt Community  
Healthcare Distirct**

**733 CEDAR STREET  
GARBERVILLE, CA 95542**

**(707) 923-3921**

An Equal Opportunity Employer

### PERSONAL INFORMATION

**Please Print**

\_\_\_\_\_  
Date Last Name First Name Middle

\_\_\_\_\_  
Home Phone Email Address

Present Address

\_\_\_\_\_  
No. & Street City State Zip Code

Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street City State Zip Code

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

- Regular full-time work?.....  Yes  No
- Regular part-time work?.....  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, what date can you start work? \_\_\_\_\_

## PERSONAL INFORMATION (CONTINUED)

How did you hear about our company and this job opening?

\_\_\_\_\_

Have you ever applied to or worked for **Southern Humboldt Community Healthcare District** before?.....  Yes  No

If yes, when? \_\_\_\_\_

Why are you applying for work at **Southern Humboldt Community Healthcare District** ?

\_\_\_\_\_

\_\_\_\_\_

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

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.)

**We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.**

## EDUCATION

NAME AND LOCATION OF SCHOOLS		Years Completed?	Did you Graduate?		Degree or Diploma?
			Yes	No	
High School			<input type="checkbox"/>	<input type="checkbox"/>	
College or University	Name		<input type="checkbox"/>	<input type="checkbox"/>	
	City State				
	Name		<input type="checkbox"/>	<input type="checkbox"/>	
	City State				
Vocational/ Business	Name		<input type="checkbox"/>	<input type="checkbox"/>	
	City State				
Healthcare Training	Name		<input type="checkbox"/>	<input type="checkbox"/>	
	City State				

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at **Southern Humboldt Community Health District**?.....  Yes  No

If so, please explain:

## LICENSURE

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: \_\_\_\_\_

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.

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## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last five years is sufficient).  
You must complete this section even if attaching a resume.

May we contact your present employer:  Yes  No

		From: mo		yr
Company Name		Telephone Number	Duration	
Street	City	State	Zip Code	Type of Business

Supervisor 's Name

Position and Duties?

Reason for leaving

May we contact this employer:  Yes  No

		From: mo		yr
Company Name		Telephone Number	Duration	
Street	City	State	Zip Code	Type of Business

Supervisor 's Name

Position and Duties?

Reason for leaving

## EMPLOYMENT HISTORY (continued)

May we contact this employer:

Yes  No

		From: mo		yr
		To:		

Company Name Telephone Number Duration

Street City State Zip Code Type of Business

Supervisor's Name

Position and Duties?

Reason for leaving

May we contact this employer:

Yes  No

		From: mo		yr
		To:		

Company Name Telephone Number Duration

Street City State Zip Code Type of Business

Supervisor's Name

Position and Duties?

Reason for leaving

May we contact this employer:

Yes  No

		From: mo		yr
		To:		

Company Name Telephone Number Duration

Street City State Zip Code Type of Business

Supervisor's Name

Position and Duties?

Reason for leaving

May we contact this employer:

Yes  No

		From: mo		yr
		To:		

Company Name Telephone Number Duration

Street City State Zip Code Type of Business

Supervisor's Name

Position and Duties?

Reason for leaving

## REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Position	Address (Include City/State)	Phone	Years Known
1.				
2.				
3.				

Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials

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.

\_\_\_\_\_  
Initials

I hereby authorize **Southern Humboldt Community Healthcare District** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

**The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature