



Pomona Valley Hospital Medical Center

1798 North Garey Avenue · Pomona · California 91767
(909) 865-9500

EMPLOYMENT APPLICATION

Pomona Valley Hospital Medical Center offers equal employment opportunity to all applicants for employment and to all employees regardless of race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law.

PLEASE READ CAREFULLY. ANSWER ALL QUESTIONS. PRINT CLEARLY IN INK.

GENERAL INFORMATION							
LAST NAME		FIRST		MIDDLE		DATE	
HOME CODE ADDRESS	STREET		APT.	CITY		STATE	ZIP
HOME PHONE ()	MESSAGE PHONE ()	SOCIAL SECURITY NUMBER		IF YOU ARE UNDER AGE 18, CAN YOU PROVIDE A WORK PERMIT OFFERED THE POSITION? YES () NO ()			
HOW WERE YOU REFERRED TO US: () ADVERTISEMENT: _____ () EMPLOYEE: _____ () SCHOOL: _____ () OTHER: _____							
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY, VOLUNTEERED FOR OR WORKED THROUGH ANOTHER AGENCY AT POMONA VALLEY HOSPITAL MEDICAL CENTER? YES () NO ()							
POSITION		FROM		TO		YOUR NAME IF DIFFERENT FROM ABOVE	
DO YOU HAVE THE LEGAL RIGHT TO WORK AND BE EMPLOYED IN THE UNITED STATES? (Proof of identity and legal authority to work in the U.S. is a condition of employment.) YES () NO ()							
RELATIVES EMPLOYED AT POMONA VALLEY HOSPITAL MEDICAL CENTER (Please specify name and relationship):				RELATIONSHIP		DEPARTMENT	
NAME: _____				_____		_____	
NAME: _____				_____		_____	
PREVIOUS APPLICATIONS							
HAVE YOU EVER APPLIED FOR A POSITION WITH P.V.H.M.C. BEFORE? YES () NO ()							
POSITION(S)				DATE OF LAST APPLICATION			

JOB INTEREST							
FIRST CHOICE		SECOND CHOICE		DATE AVAILABLE		SALARY DESIRED	
HOURS & SHIFTS AVAILABLE:		FULL TIME PART TIME ON CALL		HOW MANY HOURS PER WEEK ARE YOU AVAILABLE?		DAY SHIFT EVENING SHIFT NIGHT SHIFT	
YES () NO ()		YES () NO () YES () NO ()		_____		YES () NO () YES () NO () YES () NO ()	
MANY OF THE POSITIONS AT POMONA VALLEY HOSPITAL MEDICAL CENTER MAY REQUIRE OVERTIME AND/OR WEEKEND WORK. ARE THERE ANY DAYS AND/OR HOURS THAT YOU ARE NOT AVAILABLE TO WORK? _____							

We appreciate the time you are giving to complete this application form and for your interest in employment with us. It is important that you indicate the position(s) for which you wish to be considered and that you fully and accurately complete this form yourself.

If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed. Thank you for your interest in Pomona Valley Hospital Medical Center.

JOB LINE (909) 865-9840 - FAX (909) 623-3253

EMPLOYMENT HISTORY
MOST RECENT EMPLOYER FIRST – EXPLAIN LAPSES IN EMPLOYMENT BETWEEN JOBS

Account for all time for the past **10 YEARS**. Include service in the United States military and voluntary services related to the position you are seeking and every period of unemployment. If self-employed, give firm name, business activities undertaken by you and one business reference that we may contact. **DO NOT EXCLUDE ANY EMPLOYMENT, NO MATTER HOW SHORT A PERIOD.** If you need more space, additional pages are available. As further explained below, *by signing this application, you permit POMONA VALLEY HOSPITAL MEDICAL CENTER to contact all of your previous employers.*

PRESENT OR MOST RECENT EMPLOYER, VOLUNTARY ORGANIZATION OR BRANCH OF SERVICE	IF STILL EMPLOYED, MAY WE CONTACT?	NAME UNDER WHICH YOU WORKED IF DIFFERENT FROM THAT SHOWN ON FRONT PAGE:	PHONE () EXT.
ADDRESS (Number, Street, City, State, Zip)		() FULL TIME () PART TIME	AVG. HRS. PER WEEK
JOB TITLE	IMMEDIATE SUPERVISOR (name, title)		EMPLOYMENT DATES
NATURE OF DUTIES		FROM: (MONTH) (YEAR)	TO: (MONTH) (YEAR)
		HOURLY RATE/SALARY	
REASON FOR LEAVING (indicate resigned, discharged, etc. because of ...)		START	END
		\$ _____ per _____	\$ _____ per _____

• EXPLAIN ANY LAPSE HERE

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JOB TITLE	IMMEDIATE SUPERVISOR (name, title)		EMPLOYMENT DATES
NATURE OF DUTIES		FROM: (MONTH) (YEAR)	TO: (MONTH) (YEAR)
		HOURLY RATE/SALARY	
REASON FOR LEAVING (indicate resigned, discharged, etc. because of ...)		START	END
		\$ _____ per _____	\$ _____ per _____

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		HOURLY RATE/SALARY	
REASON FOR LEAVING (indicate resigned, discharged, etc. because of ...)		START	END
		\$ _____ per _____	\$ _____ per _____

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		HOURLY RATE/SALARY	
REASON FOR LEAVING (indicate resigned, discharged, etc. because of ...)		START	END
		\$ _____ per _____	\$ _____ per _____

• EXPLAIN ANY LAPSE HERE

EDUCATION WILL BE CONSIDERED ONLY TO THE EXTENT THAT IT IS RELEVANT TO THE JOB YOU ARE APPLYING FOR

JR. HIGH OR HIGH SCHOOL	ADDRESS		CIRCLE LAST GRADE COMPLETED 7 8 9 10 11 12	GRADUATED? YES() NO()	DEGREE OBTAINED
COLLEGE	ADDRESS	MAJOR	1 2 3 4	GRADUATED? YES() NO()	
COLLEGE	ADDRESS	MAJOR	1 2 3 4	GRADUATED? YES() NO()	
NURSING SCHOOL	ADDRESS	MAJOR	1 2 3 4	GRADUATED? YES() NO()	

OTHER EDUCATION, SPECIAL COURSES, OR ACADEMIC HONORS

LIST COURSES YOU ARE NOW ENROLLED IN WHICH RELATE TO THE POSITION(S) YOU ARE SEEKING, INDICATE WHERE ENROLLED.

IDENTIFY NAME ENROLLED IF DIFFERENT FROM THAT SHOWN ON FRONT PAGE.

PROFESSIONAL LICENSES/REGISTRATIONS/CERTIFICATIONS

TYPE (If the position you are applying for requires a current license, registration or certification, proof of same will be required)	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRES ON
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HAS YOUR PROFESSIONAL LICENSE EVER BEEN REVOKED OR SUSPENDED? YES() NO() If "yes", when and why?

LIST ANY PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER (You may exclude those which indicate race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law).

LIST ACTIVITIES OR PROFESSIONAL OR TRADE ASSOCIATIONS IN WHICH YOU HAVE BEEN ACTIVE AND WHICH YOU BELIEVE ARE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (You may exclude those that indicate the race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law).

SPECIAL SKILLS AND TRAINING

THIS INFORMATION IS ONLY TAKEN INTO CONSIDERATION TO THE EXTENT THAT IT IS RELEVANT TO THE JOB(S) YOU ARE APPLYING FOR

SPECIFY NUMBER OF MONTHS/YEARS OF EXPERIENCE AND/OR SPEED

10 KEY (Touch) YES () NO () MEDICAL TERMINOLOGY _____ PBX (Type Board) _____
 SHORTHAND (Speed) _____ DATE LAST TESTED _____ TYPING (Speed) _____ DATE LAST TESTED _____
 WORD PROCESSING (Speed) _____ DATE LAST TESTED _____ (Software Used) _____
 SPREADSHEET (Software Used) _____ EXPERIENCE WITH A HOSPITAL COMPUTER SYSTEM? YES () NO ()
 DESCRIBE: _____

PLEASE PRESENT ANY ADDITIONAL INFORMATION CONCERNING YOUR WORK INTERESTS, EXPERIENCE, OR HOBBIES RELATED TO THE POSITION YOU ARE SEEKING WHICH YOU BELIEVE WILL BE HELPFUL TO US IN EVALUATING YOUR QUALIFICATIONS. (OMIT ANY WHICH INDICATE race, color, religion, sex, national origin, age, citizenship, sexual orientation, ancestry, marital status, pregnancy, physical or mental disability, medical condition or status as a disabled veteran or a veteran of the Vietnam era or any other characteristic protected by applicable law).

Do you speak, read or write in any language other than English?
 YES () NO () If "yes", please describe _____

REFERENCES

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

PLEASE READ CAREFULLY

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTIONS UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING.

Do you believe you would be able to perform the essential functions of the job for which you are applying? Answer Yes or No YES NO
 Is there any accommodation that you believe can reasonably be made which would permit you to perform the essential functions of the job for which you are applying? Answer Yes or No YES () NO ()
 If "yes", please explain your answer.

CONTINUED ON OTHER SIDE

PLEASE ANSWER ACCURATELY. WE CONDUCT FULL BACKGROUND CHECKS ON ALL CANDIDATES.

Have you ever been convicted of a felony or misdemeanor or any criminal conviction or action to exclude you from participation in any

federal healthcare program (excluding convictions for which the record has been sealed, expunged, eradicated, or judicially dismissed)? **YES () NO ()** If yes, please explain when you were convicted and of what you were convicted. (A felony or misdemeanor conviction will not necessarily disqualify an applicant from employment.) Each case will be reviewed on its own merit.

Have you ever been convicted of a felony or misdemeanor under another name? **YES () NO ()** If yes, please explain when you were convicted and of what you were convicted. (Include the full name under which you were convicted. A conviction will not necessarily disqualify an applicant from employment.) Each case will be reviewed on its own merit.

Are you presently out on bail or on recognizance pending trial for the alleged commission of any crime? **YES () NO ()** If yes, please explain. (An affirmative answer will not necessarily disqualify you from employment.) Each case will be reviewed on its own merit.

Are you presently out on bail or recognizance under any other name pending trial for the alleged commission of any crime? **YES () NO ()** If yes, please explain. (Include the full name under which you have been charged. An affirmative answer will not necessarily disqualify you from employment.) Each case will be reviewed on its own merit.

If the position you are seeking would present access to patients, have you ever been arrested for an alleged sex offense? **YES () NO ()** If yes, please explain.

If the position you are seeking would present access to drugs, have you ever been arrested for a drug-related offense? **YES () NO ()** If yes, please explain.

PLEASE READ CAREFULLY. APPLICANT'S CERTIFICATION, AGREEMENT AND NOTICE.

I hereby certify that the facts set forth in the above Employment Application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of a material fact in my application or other information furnished in the selection process may result in denial of an offer or, if I am hired, my immediate dismissal at Pomona Valley Hospital Medical Center's sole discretion.

I understand and agree that any offer of employment to me will be conditioned upon verification of employment history and by my taking and passing a job-related medical examination and drug screening. I agree to undergo such a medical examination and agree to sign consents for the release of medical information to Pomona Valley Hospital Medical Center for its use in evaluating my qualifications for the position for which I am applying.

I understand that within my first three working days I must furnish identification and proof of legal status for employment in the United States. If I fail to do so or fail to supply satisfactory documentation within the time frame allotted, it will result in rescission of an offer or my immediate dismissal from employment.

If bonding is required in the position for which I am applying, I understand and agree that bonding will be a precondition to my employment at Pomona Valley Hospital Medical Center.

I understand and agree that neither this application nor the acceptance of employment constitutes a guarantee of employment and I further understand that I should not, and I agree that I will not rely upon them as a guarantee or promise of continued employment. I understand and agree that employment with Pomona Valley Hospital Medical Center is for no definite period and employment may be terminated at the will of myself or Pomona Valley Hospital Medical Center for any reason at all, or for no reason, at any time, either with or without cause. I also understand that any handbooks, manuals, policies and procedures maintained by Pomona Valley Hospital Medical Center may be modified, added to or subtracted from, as circumstances warrant in the sole discretion of Pomona Valley Hospital Medical Center. I understand and agree, if employed, that I have a duty to be familiar with such rules, standards and policies as they now exist, or as they may be modified, added to or abolished in the future. I also understand that tenure of employment or the accrual of benefits which are gained or enhanced by tenure of employment do not and will not modify the at will employment relationship. I further understand, and agree that no one is authorized to promise or to enter into any agreement with me (whether written or oral) which alters the term of this paragraph without prior written approval of the Chief Executive Officer. I agree that this represents a final and fully binding integrated agreement with respect to the at-will nature of the employment relationship.

YOU ARE HEREBY AUTHORIZED TO INVESTIGATE ANY INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT, TO EMPLOY ANY AGENT OF YOUR CHOICE TO UNDERTAKE ANY SUCH INVESTIGATIONS AND TO COMMUNICATE WITH ANY PERSON IN MAKING SUCH AN INVESTIGATION, INCLUDING BUT NOT LIMITED TO ANY OR ALL OF MY PREVIOUS EMPLOYERS, SCHOOLS, OR OTHER ENTITIES LISTED HEREIN. I AUTHORIZE THE EMPLOYERS, SCHOOLS AND ALL OTHER PERSONS AND ENTITIES NAMED IN THE APPLICATION TO RELEASE ANY INFORMATION TO POMONA VALLEY HOSPITAL MEDICAL CENTER RELEVANT TO THIS APPLICATION FOR EMPLOYMENT. I RELEASE POMONA VALLEY HOSPITAL MEDICAL CENTER AND ITS EMPLOYEES AND ALL OTHER EMPLOYERS, SCHOOLS, OTHER ENTITIES AND PERSONS WITH WHOM POMONA VALLEY HOSPITAL MEDICAL CENTER SO COMMUNICATES OR WHO PROVIDE INFORMATION TO POMONA VALLEY HOSPITAL MEDICAL CENTER FROM ANY LIABILITY WHATSOEVER WHICH MAY RESULT FROM SEEKING OR RELEASING SUCH INFORMATION, AND I AGREE TO HOLD THEM HARMLESS FROM LIABILITY WITH RESPECT TO SUCH COMMUNICATION AND THE USE, RELEASE OR DISCLOSURE OF ANY INFORMATION.

Applicant's Name (Please Print)

Applicant's Signature

Today's Date