



# Employment Application

**Please Print**

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

## Present Address & Contact Information

\_\_\_\_\_  
Street                                      City                                      State      Zip

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Phone                                      Cell Phone                                      Work Phone

\_\_\_\_\_  
Email Address

## 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 hired, on what date can you start work? \_\_\_\_\_

Wage desired: \_\_\_\_\_

## Personal Information

Are you at least 18 years old? (Local law requires that employees are at least 18 years of 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

(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.)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

### Personal Information (cont...)

Have you ever been convicted of a criminal offense (felony)?..... Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### Education, Training, and Experience

**High School** Degree or Diploma? Y / N

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip -

**College** Degree or Diploma? Y / N

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip -

**Vocational School** Degree or Diploma? Y / N

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip -

**Related Industry Training** Degree or Diploma? Y / N

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip -

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date      Applicant Last Name      First Name      Middle Name

**Employment History**

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

**Past or Present Employer:**

\_\_\_\_\_  
Name of Employer      (\_\_\_\_)\_\_\_\_-\_\_\_\_ Telephone No.      Email Address

\_\_\_\_\_  
Type of Business      Your Supervisor's Name

\_\_\_\_\_  
Address & Street      City      State      Zip

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary/Wage: \_\_\_\_\_

Your Position and Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference? ..... Yes No

**Past Employer:**

\_\_\_\_\_  
Name of Employer      (\_\_\_\_)\_\_\_\_-\_\_\_\_ Telephone No.      Email Address

\_\_\_\_\_  
Type of Business      Your Supervisor's Name

\_\_\_\_\_  
Address & Street      City      State      Zip

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary/Wage: \_\_\_\_\_

Your Position and Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference? ..... Yes No

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Date      Applicant Last Name      First Name      Middle Name

**Past Employer:**

\_\_\_\_\_  
Name of Employer      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_  
Telephone No.      Email Address

\_\_\_\_\_  
Type of Business      Your Supervisor's Name

\_\_\_\_\_  
Address & Street      City      State      Zip      - \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary/Wage: \_\_\_\_\_

Your Position and Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference? ..... Yes No

**Business/Personal References**

\_\_\_\_\_  
Name      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_  
Telephone No.      Email Address

\_\_\_\_\_  
Address      City      State      Zip      - \_\_\_\_\_

\_\_\_\_\_  
Occupation      No. of Years known

\_\_\_\_\_  
Personal or Business Reference

\_\_\_\_\_  
Name      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_  
Telephone No.      Email Address

\_\_\_\_\_  
Address      City      State      Zip      - \_\_\_\_\_

\_\_\_\_\_  
Occupation      No. of Years known

\_\_\_\_\_  
Personal or Business Reference

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

**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 \_\_\_\_\_ 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 Harborside Health Center 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 Harborside Health Center, 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 Harborside Health Center. In addition, I understand and agree that if I am employed, my employment is at will pursuant to California law.

\_\_\_\_\_  
Initials 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 the Company, I am entitled to copies of any such public records obtained by Harborside Health Center. If I am not hired as a result of such information, I am still entitled to a copy of any such records.

\_\_\_\_\_  
Date

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