

WeCare
Employment Application

PO Box 7, Scotia, CA 95565

Phone: (707) 764-5617

Fax: (707) 764-5618

Personal Data

Name: _____ Soc. Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Alternative #: _____

Current work hours: _____ Age (Check one): 16-17 18 or over

Are you legally authorized to work in the United States? yes no

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? yes no

Employment Specifications

Position applied for: _____

Type of employment desired? Fulltime Part-time PRN Temporary

Days of week that you can work: S M T W Th F S

Date Available for employment? _____

Salary expected: _____

Have you previously worked for Southern Trinity Health Services? _____

If yes, under what name? _____

Dates: _____ Position held: _____

Have you previously applied for a position with our organization?

Were you interviewed? yes no

If so, when? _____ What position? _____

Professional Information

If required, do you have a valid, current health care License, Registration or
Certification in California? _____ If so: DL#: _____ Exp. Date: _____

If not, have you applied? yes no Do you have a Temporary License? yes no

Any other state(s)? yes no (if yes, please name)

Has your License ever been denied, surrendered, suspended or revoked? yes no

If so, please explain: _____

Have there been any restrictions placed on your license? yes no

If so, please explain: _____

Education

School	School Name, City & State	Dates Attended From To	Last Grade Completed	Did you Graduate?	Type of Diploma or Degree Rec'd	Course of Study
High School						
College/University						
Specialized Training/Technical School						
Other Education						

Clerical Skills (please check)

- Medical Terminology
- Dictaphone
- 10 Key
- Cashier
- Typing (WPM:)
- Medical Transcription
- Data Entry
- Word Processing (Software:)
- Collections
- Data Base/Spreadsheet (software:)
- Telephone

Additional clerical skills (specify)

Additional computer skills (specify)

Medical Reimbursement

Have you ever entered into a plea agreement or
a consent agreement or been convicted of a crime
pertaining to your participation in federally or state
funded medical reimbursement programs? yes no

Have you ever been excluded from participation in a federally or state funded medical reimbursement program? yes no

If the answer to either questions is yes, please provide full details.

Additional Information

Do you have relative(s) working here? yes no

If yes, give name(s) relationship

Are you a Veteran of U.S. Military Service yes no

Have you ever been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? (Note: Driving under the influence is not considered a minor traffic violation) yes no

If yes, state the nature of the conviction or plea, the date, and explain:

Have you ever been convicted of health care fraud or abuse? yes no

You will not be denied employment solely because of a conviction record unless the offense is related to the position for which you have applied or there is a legitimate safety concern due to the nature of the Health System's services.

Employment History

List below all former employers, beginning with the most recent. Failure to list all prior employers will be considered omission of significant information and result in ineligibility of employment or termination. Account for all periods of time including military service and any periods of unemployment. Please do not use statements "See Resume." However, attach resume if available. Request an additional page if necessary. All sections must be completed in full.

Employer		Position	
Address		City/State	
Title & Duties			
From (mo., yr):	To (mo., yr)	Immediate Supervisor & Title	Telephone:
Ending Salary	Hours per wk:	If currently employed, OK to check references	
Reason for Leaving		Indicate if employed under different name	
Resigned <input type="checkbox"/> Discharged <input type="checkbox"/>			

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IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to applicant:	Home phone no.:	Work phone no.:
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demographic information

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against users of Southern Trinity Health Services. You are not required to furnish this information, but are encouraged to do so. This information will not be used to discriminate against you in any way, nor will be released except in aggregate form. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Please check one box in each of the following categories:

Ethnicity:

Hispanic or Latino
 Not Hispanic or Latino

Race:

Asian
 Native Hawaiian or Other Pacific Islander
 Black/African American
 American Indian/Alaska Native
 White (not Hispanic or Latino)
 Not Reported/Refuse to Report

Primary Language

English
 Language other than English (Specify):

Migrant/Seasonal Worker

Not a Migrant/Seasonal Worker
 Migrant Worker
 Seasonal Worker

Housing Status

Homeless
 Transitional Housing
 Doubling Up
 Shelter
 Own/Rent

Personal References

List two personal references who are not related to you and are not previous employers. Examples would be co-workers, business partners, or professors.

(1)

name	address	phone	company/relationship
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(2)

name	address	phone	company/relationship
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Source

How did you find out about our organization? (please check all that apply)

<input type="checkbox"/> Advertising	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Open House
<input type="checkbox"/> Source	<input type="checkbox"/> Who?	<input type="checkbox"/> Patient or Visitor
<input type="checkbox"/> Clinical Affiliation	<input type="checkbox"/> Family/Friend Recommended	<input type="checkbox"/> Poster/Flyer at School
<input type="checkbox"/> Contract Agency	<input type="checkbox"/> Former Employee	<input type="checkbox"/> School Career Fair
<input type="checkbox"/> Direct Mail Piece	<input type="checkbox"/> Internet	<input type="checkbox"/> Search Firm
	<input type="checkbox"/> Job Line	<input type="checkbox"/> Other:

Acknowledgment

- a) I certify that this application was completed by me and all entries and information are True and Complete to the best of my knowledge. In the event of employment, I understand that false, misleading or omitted information in my application may result in my discharge.
- b) I grant permission to Southern Trinity Health Services to investigate my references and release the organization from any and all liability resulting from such investigation. I also understand that an offer employment will be subject to the results of a criminal history check, and check for exclusion or debarment from any federally or state funded health care program, a check for convictions for health care fraud and abuse, and an employment health assessment including a drug screen.
- c) I authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with respect to me as may be necessary in conjunction with that health assessment and drug screen. In consideration of Southern Trinity Health Services review of this application, I release Southern Trinity Health Services and all providers of information from liability as a result of furnishing any receiving this information or based on any action Southern Trinity Health Services takes on the basis of such information.
- d) I understand that Southern Trinity Health Services offers no employment contract or guarantees of minimum length of employment, and that my employment can be terminated with or without cause, and with or without notice, at any time at the option of either Southern Trinity Health Services or myself.
- e) I understand and agree that if employed, I must abide by the personnel policies and procedures established by Southern Trinity Health Services, and further agree to familiarize myself with these policies and procedures as a condition of my employment.
- f) I certify that I am not bound by an employment of non-competition agreement that would be breached by any employment that might be offered me by Southern Trinity Health Services, nor am I in possession of nor will I at any time reveal to Southern Trinity Health Services, under any circumstances, any proprietary or confidential information that is the subject any and contract, non-disclosure agreement of prior work relationship involving any other person or entity.
- g) Southern Trinity Health Services will be this employment application active consideration for 60 days from filing.

I certify that I have read, fully understand and accept all terms of the foregoing acknowledgments.

Signature of Applicant _____ Date _____

For WeCare Human Resources Use Only

Copy to _____ Copy to _____
Interviewed by _____ Date _____ Time: _____ Position _____
References Sent _____ References Received _____
Department Name _____ Job Title _____
Hire Date _____ New Rehire Replacement New Position
Starting Date _____ Starting Salary: _____
Status FT PT: # hrs _____ Temp Reg Exempt Non-Exempt

WeCare is an equal opportunity employer. Applications are considered for employment without regard to race, color, sex, age, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. WeCare will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.