

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 Resigned <input type="checkbox"/> Discharged <input type="checkbox"/>		Indicate if employed under different name	

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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

(1)	name	address	phone	company/relationship
(2)	name	address	phone	company/relationship

<input type="checkbox"/> Advertising	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Open House
<input type="checkbox"/> Source	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:

Signature of Applicant _____ Date _____

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.