WeCare

Employment Application

PO Box 4, Mad River, CA 95552 Phone: (707) 574-6616 Fax: (707) 574-6523

Soc. Security #:		Parennal Data
Address:	Nama	Personal Data
Home Phone:		
Email Address:		
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 Fosition applied for:		
Are you legally authorized to work in the United States?		
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		
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Education School School Name, City & Dates Attended Last Grade Did you Type of Diploma Course of Study State From Completed Graduate? or Degree Rec'd To 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 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 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 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? 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.

Address Title & Duties From (mo., yr): To (mo., yr) Immediate Supervisor & Title Telephone: Ending Salary Hours per wk: If currently employed, OK to check references		
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 Discharged		
Employer Position		
Address City/State		
Title & Duties		
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Ending Salary	Hours per wk:	If currently employed, OK to check references		
Reason for Leaving	1	Indicate if employed under different	name	
Resigned Dischare	ged			

IN CASE OF EMERGENCY					
Naı	me of local friend or relative (not living at	Relationship to	Home phone	Work phone	
same address):		applicant:	no.:	no.:	
			()	()	
	demogra	phic information			
	The following information is requested by the Federal C prohibiting discrimination against users of Southern Tri information, but are encouraged to do so. This informat be released except in aggregate form. However, if you of individual applicants on the basis of visual observation.	inity Health Services. You tion will not be used to disc hoose not to furnish it, we a	are not required to for riminate against you	urnish this ı in any way, nor will	
	Please check one box in each of the following category	ones,			
	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				
	<u>Primary Language</u>				
[]	English				
[]	[] Language other than English (Specify):				
	Migrant/Seasonal Worker				
[]	Not a Migrant/Seasonal Worker				
[]	Migrant Worker				
[]	Seasonal Worker				
	Havring Chahva				
F 3	Housing Status				
[]					
[]					
[]	Doubling Up				
	Shelter				
[]	Own/Rent				

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		
(2) name	address	phone	company/relationship		
How did you find Advertising Source Clinical Affilia Contract Agency Direct Mail Pie	out about our organization Employee Rewind Who? ation Family/Fried Tormer Employee The Employee Tormer Employee Employee Employee Tormer Employee Employe	eferral end Recommended	ll that apply) Open House Patient or Visitor Poster/Flyer at School School Career Fair Search Firm Other:		
knowledge. In the every my discharge. b) I grant permission to liability resulting from history check, and checonvictions for health I authorize any doctor may be necessary in Services review of this result of furnishing are such information. d) I understand that Souland that my employm Southern Trinity Health Services, and I certify that I am not might to offered me be Health Services, under disclosure agreements	cation was completed by me and all ent of employment, I understand that Southern Trinity Health Services to in such investigation. I also understand eck for exclusion or debarment from a care fraud and abuse, and an emplor, hospital, clinic, laboratory or other reconjunction with that health assessmes application, I release Southern Trinity receiving this information or based athern Trinity Health Services offers not ent can be terminated with or without the Services or myself. The entity if employed, I must abide by the further agree to familiarize myself with bound by an employment of non-compy Southern Trinity Health Services, not southern Trinity Health Services, no	refalse, misleading or omitted avestigate my references and at that an offer employment with any federally or state funded yment health assessment incomedical facility to furnish any ent and drug screen. In consity Health Services and all proportion on any action Southern Trinity of employment contract or guate cause, and with or without not the personnel policies and procedulate to a green that would be a few for confidential information the policies of nor work of the person or entity.	information in my application may result in release the organization from any and all ill be subject tot he results of a criminal health care program, a check for sluding a drug screen. Induding a drug screen. Induding a drug screen. Induding a drug screen. Induding a drug screen with respect to me as sideration of Southern Trinity Health roviders of information from liability as a sty Health Services takes on the basis of arantees of minimum length of employment, notice, at any time at the option of either occurred established by Southern Trinity res as a condition of my employment. In the breached by any employment that will I at any time reveal to Southern Trinity and is the subject any and contract, non-		
Signature of Applicant		Date			
Starting Date	Copy to	ement New Position	y 		

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.