

# Application for Employment

**APPLICATIONS NOT FILLED OUT COMPLETELY WILL BE REJECTED**

Humboldt General Hospital is an equal opportunity employer. No question on this application is asked for the purpose of excluding any applicant's consideration for employment because of race, color, religion, sex, age, national origin, sexual orientation, veteran's status or disability. **ANY APPLICANT WILL BE IMMEDIATELY REJECTED FOR EMPLOYMENT OR, IF HIRED, TERMINATED WITHOUT NOTICE FOR GIVING FALSE INFORMATION IN THIS APPLICATION OR FAILING TO ACCURATELY PROVIDE INFORMATION REQUESTED. IF HIRED, EMPLOYMENT IS FOR NO FIXED TERM AND HUMBOLDT GENERAL HOSPITAL OR THE EMPLOYEE CAN TERMINATE EMPLOYMENT AT ANY TIME.**

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Position(s) applied for or type of work desired \_\_\_\_\_

\_\_\_\_\_ Date

NOTE: Applications for "ANY" job will not be considered. You must list specific job(s) and limit your interest to no more than three.

Employment status desired:  Full-time  Part-time  Temporary

On what date would you be available for work? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

(Advertisement, friend, relative, walk-in, other?)

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## GENERAL INFORMATION:

Full Name (Last, First, Middle) \_\_\_\_\_

Physical and Mailing address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

If hired, can you furnish proof of age?  Yes  No AN OFFER OF EMPLOYMENT, IF MADE, WILL BE SUBJECT TO VERIFICATION THAT APPLICANT'S AGE MEETS LEGAL REQUIREMENTS.

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Have you ever been an employee of Humboldt General Hospital?  Yes  No  
If "yes" please give date & name: \_\_\_\_\_

Can you submit proof of legal employment authorization and identity?  Yes  No  
Proof of identify and legal employment authorization will be required upon employment

Have you ever been discharged or asked to resign?  Yes  No If "yes", please explain: \_\_\_\_\_

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Do you have any work-related military experience in a federal or state unit?  Yes  No

If "yes" please explain? \_\_\_\_\_

Have you ever been convicted of a crime? DO NOT INCLUDE TRAFFIC TICKETS [ ] Yes [ ] No

If "yes" state crime: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Court (justice, muni, etc) \_\_\_\_\_ Location: \_\_\_\_\_

Disposition of case: \_\_\_\_\_

If "yes" state crime: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Court (justice, muni, etc) \_\_\_\_\_ Location: \_\_\_\_\_

Disposition of case: \_\_\_\_\_

NOTE: Conviction of a crime will not necessarily disqualify an applicant from employment.

If an offer of employment is made, and prior to your commencement of employment duties, you will be required to undergo a medical examination, drug test, tuberculin skin test, and fingerprint/background check, the results of which may affect the offer of employment. Are you willing to undergo such examination and checks? [ ] Yes [ ] No

**EDUCATION:**

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name & Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, certifications, skills & extra-curricular activities that relate to the job for which you have applied.				

**EMPLOYMENT HISTORY:** GIVE LAST FIVE EMPLOYERS IN CHRONOLOGICAL ORDER

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor and title: \_\_\_\_\_

Dates employed: FROM \_\_\_\_\_ TO \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate Supervisor and title: \_\_\_\_\_  
Dates employed: FROM \_\_\_\_\_ TO \_\_\_\_\_ Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Immediate Supervisor and title: \_\_\_\_\_  
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Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate Supervisor and title: \_\_\_\_\_  
Dates employed: FROM \_\_\_\_\_ TO \_\_\_\_\_ Salary: \_\_\_\_\_  
Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

REFERENCES: GIVE NAME, ADDRESS, PHONE NUMBER AND YEARS OF ACQUAINTANCE OF 3 REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

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## AFFIDAVIT – PLEASE READ CAREFULLY

To the best of my knowledge, I have truthfully disclosed all information asked for in this application.

I authorize Humboldt General Hospital to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references for the purposes of obtaining information material to my qualifications and suitability for employment. I also hereby release from liability Humboldt General Hospital and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I authorize all of those with whom I am acquainted – previous employers, professionals, institutions, neighbors, friends, agencies asked to provide criminal conviction history and others – to furnish any and all information they may have concerning me which may be material to my qualifications and suitability for the job for which I have applied.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Humboldt General Hospital can terminate this relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if an offer of employment is made, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired.

I understand that if an offer of employment is made, I will be required to undergo a medical examination, drug test, tuberculin skin test, and fingerprint/background check, the results of which may affect my employment.

I represent and acknowledge that I have read and fully understand the foregoing, and that I seek employment under these conditions.

ATTENTION APPLICANT: This application will be kept under active consideration for no more than NINETY days from the date of the application as shown below.

\_\_\_\_\_  
Applicant's Printed Name and Signature

\_\_\_\_\_  
Date

Date received by Human Resources, HGH: \_\_\_\_\_

[Click here to email application to HR](#)