

Sub Acute Saratoga
 13425 Sousa Lane
 Saratoga, CA 95070
 (408) 378-8875 • (408) 866-8144 Fax
 www.subacutesaratoga.com

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Name _____
Last First Middle

Address _____ SS# _____

Telephone () _____ Mobile/Beeper/Other () _____ E-Mail _____

Position (s) applied for _____ Date of Application _____

Referral Source Advertisement Employee Relative
 Walk-In Private Employment Agency Government Employment Agency
 Name of Source (if applicable) _____ Other _____

If necessary, the best time to call you at home is _____ AM
PM
 May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ AM
PM
 If you are under 18, and it is required, can you furnish a work permit? _____ Yes No

If no, please explain _____

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? _____ Yes No

If yes, give dates _____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work? _____ What is your desired salary range? _____

Type of employment desired Full Time Part-Time Temporary Seasonal Educational Co-op Yes No

Will you relocate if the job requires it? _____ Will you travel if the job requires travel? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If no, please explain _____

Have you ever been bonded? _____ Yes No

Have you ever pled "guilty" or "no contest" to, or have you been convicted of a crime? _____

If yes, please provide date(s) and details _____
Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (Use additional sheets if necessary.) Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		From	To	
Address				
Starting Job Title/ Final Job Title		Hourly Rate/ Salary		
Immediate Supervisor and Title		Starting		
Reason For Leaving		Hourly Rate/ Salary		
May We Contact For Reference?		Final		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments: _____

Employment History (continued)

Employer	Telephone	Dates Employed		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		From	To	
Address				
Starting Job Title/ Final Job Title		Hourly Rate/ Salary		
		Starting		
Immediate Supervisor and Title				
Reason For Leaving		Hourly Rate/ Salary		
		Final		
May We Contact For Reference?				
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer	Telephone	Dates Employed		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		From	To	
Address				
Starting Job Title/ Final Job Title		Hourly Rate/ Salary		
		Starting		
Immediate Supervisor and Title				
Reason For Leaving		Hourly Rate/ Salary		
		Final		
May We Contact For Reference?				
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Employer	Telephone	Dates Employed		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		From	To	
Address				
Starting Job Title/ Final Job Title		Hourly Rate/ Salary		
		Starting		
Immediate Supervisor and Title				
Reason For Leaving		Hourly Rate/ Salary		
		Final		
May We Contact For Reference?				
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

Comments:

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

A. List last three (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major Field of Study. F. Minor field of study (if applicable).

A. School	B. # of Years completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	F. Minor

References

List names and telephone numbers of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	# of Years Known
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be significant cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

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

Signature of Applicant _____ Date _____

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY
CURRENT AS OF 9/97

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print Male Female

Name _____
Last First Middle

Address _____ SS# _____

Telephone () _____ Mobile/Beeper/Other () _____ E-Mail _____

Position (s) applied for _____ Date of Application _____

Referral Source Advertisement Employee Relative
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Name of Source (if applicable) _____ Other _____

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander Multicultural
(having parents of different races)
Identified only in the state of Michigan.

Administrative Use Only

Position(s) applied for Available Non Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire _____

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Notes: _____

Completed by _____ Date _____