



285 SOUTH STREET • SUITES R & W • SAN LUIS OBISPO, CA 93401
 PHONE: 805.547.7025 • FAX 805.547.7029 • WWW.WILSHIREHCS.ORG

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Date of Application:

Social Security Number:

Position Applying To:

E-mail Address:

Please Select The Agency or Department You Are Applying To:

CONTACT INFORMATION

Full Name:

Last Name

First Name

Middle Initial

Home Phone:

Cell Phone:

Current Address:

Street

City

State

Zip

Permanent Address:

Street

City

State

Zip

Please Select Type of Employment Desired

Work Availability:

Work Hour Availability:

Are You Available to Work Weekends?

Please Select:

Available to Work Overtime, If Necessary?

Please Select:

Date Available to Begin Work:

Salary Desired:

PERSONAL INFORMATION

Have you ever applied to or worked for a Wilshire Health & Community Services, Inc.? **Please Select:**

If Yes, Which Agency and/or Department? **Please Select:**

Do you have any friends or relatives working for Wilshire Health & Community Services, Inc.? **Please Select:**

If Yes, please list name(s), relationship(s) and agency and/or department in which they work:

Have you ever been excluded from participation in the Medicare/Medicaid program? **Please Select:**

If hired, would you have a reliable means of transportation to and from work: **Please Select:**

Are you at least 18 years of age? **Please Select:**

(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? **Please Select:**

Are you currently employed? **Please Select:**

If so, may we contact your current employer? **Please Select:**

Name:

Address of Employer:

Employer Telephone Number:

EDUCATION, TRAINING & EXPERIENCE

<u>School</u>	<u>Name and Address</u>	<u># Of Years Completed</u>	<u>Did You Graduate?</u>	<u>Degree or Diploma?</u>
<u>High School/GED</u>			Yes No	
<u>College/University</u>			Yes No	
<u>Vocational/Business</u>			Yes No	
<u>Health Care</u>			Yes No	

Note: Please attach additional pages if necessary.

Response to the following questions regarding foreign language skill(s) is strictly optional and voluntary, unless a particular language skill is required for and is an essential function of the job for which you are applying.

Some of our customers (clients) do not speak English. Do you speak, write or understand any foreign language(s)?

Please Select:

If yes, which language(s) and what skill(s) do you possess for each language?

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at this agency/office? **Please Select:**

If yes, please explain:

Please answer the following questions if you are applying for a clinical and/or professional position

Are you licensed/certified for the job applied for? **Please Select:**

License and/or Certification Type:

License and/or Certification Number:

EDUCATION, TRAINING & EXPERIENCE (CONTINUED)

State of Issue:

Issuing Date:

Expiration Date:

Has your license/certification ever been revoked or suspended? **Please Select:**

Revocation date:

Reinstatement date:

If **yes**, state reason(s) date of revocation or suspension and date of reinstatement:

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? **Please Select:**

If yes, please describe:

REFERENCES

List three persons not related to you who have knowledge of your work performance within the last three years.

<u>Name</u>	<u>Telephone Number</u>	<u>Relationship to Reference</u>

EMPLOYMENT HISTORY

List all present and past employers starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer From: To:

Position Held: Reason for Leaving:

Address: Your Supervisor's Name:

City State Zip

Telephone:

Description of Duties Performed:

Name of Employer From: To:

Position Held: Reason for Leaving:

Address: Your Supervisor's Name:

City State Zip

Telephone:

Description of Duties Performed:

Name of Employer From: To:

Position Held: Reason for Leaving:

Address: Your Supervisor's Name:

City State Zip

Telephone:

Description of Duties Performed:

Name of Employer

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Position Held:

Reason for Leaving:

Address:

Your Supervisor's Name:

City

State

Zip

Telephone:

Description of Duties Performed:

Name of Employer

From:

To:

Position Held:

Reason for Leaving:

Address:

Your Supervisor's Name:

City

State

Zip

Telephone:

Description of Duties Performed:

Name of Employer

From:

To:

Position Held:

Reason for Leaving:

Address:

Your Supervisor's Name:

City

State

Zip

Telephone:

Description of Duties Performed:

PLEASE READ CAREFULLY, AND IF TRUE AND CORRECT, INITIAL EACH PARAGRAPH AND SIGN BELOW

I have not knowingly withheld any information that might adversely affect my chances for employment. The answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

I authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all information related to my work records.

I agree with and support the company's commitment to protect the safety, health and well-being of its employees, residents or patients, and all people who come into contact with its workplace(s) and property, and/or use its services. Therefore, if offered employment, I will voluntarily submit to a urine analysis for the presence of illicit drugs and a background inquiry conducted by a consumer reporting agency. Further, I understand that in the event of a positive drug test result and/or an unacceptable background inquiry result, the offer of employment will be withdrawn.

I understand and agree that nothing contained in this application, or said during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed; my employment is at-will. Employment at-will is for no definite or determinable period and may be terminated at any time, with or without cause, and with or without notice at any time by myself or by the company, and that no promises or statements contrary to the foregoing are binding on the company unless made with the written consent of the Governing Body.

Applicant's Signature

Date