**Employment Application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name | | Date | | |
|  | |  | | |
| Best contact phone number | | Email | | |
|  | |  | | |
| Present address | | | | |
|  | | | | |
| Position applied for | | How did you hear about our company and this job opening? | | |
|  | |  | | |
| Have you ever applied to or worked for SRO before? | | When did you work for SRO? | | |
|  | |  | | |
| If hired, would you have reliable means of transportation to and from work? | | Are you at least 18 years old? (If under 18, hire is subject to verify that you are of minimum legal age.) | | |
|  | |  | | |
| Are you able to perform the essential functions of the job for you which you are applying; either with or without reasonable accommodations? | | | | |
|  | | | | |
| High School attended | Number of years completed | | Did you graduate? | |
|  |  | |  | |
| Address | | | Degree or diploma? | |
|  | | |  | |
| College/University attended | Did you graduate? | | Did you graduate? | |
|  |  | |  | |
| Address | | | Degree or diploma? | |
|  | | |  | |
| List any current licensure and/or certification | | | | |
|  | | | | |
| Name of employer | | Type of business | | |
|  | |  | | |
| Your supervisors name | | Phone | | |
|  | |  | | |
| Address | | | | |
|  | | | | |
| Dates of employment (from mm/yy – to present) | | Reason for leaving | | |
|  | |  | | |
| Your position and duties | | | | |
|  | | | | |
| Name of employer | | Type of business | | |
|  | |  | | |
| Your supervisors name | | Phone | | |
|  | |  | | |
| Address | | | | |
|  | | | | |
| Dates of employment (from mm/yy – mm/yy) | | Reason for leaving | | |
|  | |  | | |
| Your position and duties | | | | |
|  | | | | |
| Name of employer | | Type of business | | |
|  | |  | | |
| Your supervisors name | | Phone | | |
|  | |  | | |
| Address | | | | |
|  | | | | |
| Dates of employment (from mm/yy – mm/yy) | | Reason for leaving | | |
|  | |  | | |
| Your position and duties | | | | |
|  | | | | |
| Name of reference | | Phone | | |
|  | |  | | |
| Address | | | | |
|  | | | | |
| Occupation | | Number of years acquainted | | |
|  | |  | | |
| Name of reference | | Phone | | |
|  | |  | | |
| Address | | | | |
|  | | | | |
| Occupation | | Number of years acquainted | | |
|  | |  | | |
| Name of reference | | Phone | | |
|  | |  | | |
| Address | | | | |
|  | | | | |
| Occupation | | Number of years acquainted | | |
|  | |  | | |
| I hereby certify that I have not knowingly withheld my information that might affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. 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 lapse before discovery. | | | | |
| By signing here I agree to the above statement | | | | |
| I hereby authorize SRO to thoroughly investigate my references, work record, education and other matters to my suitability for employment and unless otherwise specified above. I further authorize the references I have listed to disclose the company any and all letters, reports and other information related to my work records, without giving me prior notice of such discloser. In addition, I hereby release SRO, my former employers and all other persons, corporations, partnerships and associations from and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. | | | | |
| By signing here I agree to the above statement | | | | |
| I understand that nothing contained in the application, or conveyed during my employment, if hired, is intended to create an employment contract between me and SRO. In addition, I understand and agree that if I am employed, my employment is for no definite determinable period and my be terminated at any time, with or without prior notice, at the option of either myself or SRO, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company’s designated representative. | | | | |
| By signing here I agree to the above statement | | | | |
| In compliance with federal law, all persons hired will be requested to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. | | | | |
| By signing here I agree to the above statement | | | | |
| I, the applicant verify that all the above information is true to my knowledge. | | | | |
| Signature | | | | Date |
| Background checks for criminal convictions and or prior conduct in connection with the delivery of health care will be performed on final applicants post-offer, prior to beginning employment with SRO. Applicants will be required to consent to appropriate background checks to progress in the employment process. Final applicants will not be allowed to begin work until a successful background check is complete or will be denied employment or terminated without notice. SRO may outsource the background checking function. I am entitled to copies of any such public records obtained by SRO unless otherwise indicated. If I am not hired as a result of such information, I am entitled to a copy af any such records. “Public records” are defined by the California state law and means records documenting an “arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.” (Civil Code section 1786.53). Any public records request conducted will only be used to the extent allowed by state, federal, or local law. | | | | |
| By signing here I understand | | | | |