



Employment Application
An Equal Opportunity Employer

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, nation origin, sexual orientation, age, marital status, veteran status, disability, or any other protected class.

15248 Eleventh Street ● Victorville, CA 92395 ● 760-843-0620 ● Job Hot Line 760-843-6240 ● www.vvch.org

Applicant to complete all information requested. PLEASE PRINT

How did you hear about us? Mark with an "X"

Walk-In

Hospital web site

Job Hot Line

*Job Fair

*Referral (Friend/Relative/Other)

*Online Job board

Radio

Newspaper

*Employment Agency

*Other

*Please specify: _____

Personal Information:

Date: _____

First Name MI

Last Name

No. & Street Name
Mailing Address (if different than above):

City, State, Zip Code

No. & Street Name

City, State, Zip Code

Home Phone

Cellular Phone

Email Address

Position(s)/Department(s) applying for:

Are you applying for (Mark with an "X" for all that apply):

Position

Department

- Regular Full Time
- Regular Part Time
- Routinely Scheduled/Per Diem
- On Call
- Temporary
- Contract

Position

Department

Position

Department

Date Available to Start: _____

Desired Annualized Salary: _____

List Hours and Days you are available for work including temporary work, weekends and overtime:

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

Have you ever been convicted of a felony or misdemeanor? Yes No

(No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense will all be considered.)

If yes, state the nature of the crime(s), when and where convicted and disposition of the case.

Have you ever worked for Victor Valley Community Hospital? Yes No

If yes, last date of employment. _____ Why did you leave? _____

Do you know anyone that is currently working at this hospital? Yes No

If so, state name(s) and relationship:

_____	_____	_____	_____
Name	Relationship	Name	Relationship
_____	_____	_____	_____
Name	Relationship	Name	Relationship
_____	_____	_____	_____
Name	Relationship	Name	Relationship

Educational Information			
Type of School	Name, City and State	Course/Major	Degree/Certificate/Diploma Received
High School			
College or University			
Technical School			
Other			

List all training, experience, qualifications, languages and skills you have that will make you especially suited to work here.

For a position requiring special licenses, certifications, registrations and/or memberships, list below.

Name of License/Certification/Registration/Membership _____

Issuing Authority and Date Received _____

Issuing State and Identification # _____

Expiration Date _____

Has your License/Certification/Registration/Membership ever been revoked or suspended? Yes No

Name of License/Certification/Registration/Membership _____

Issuing Authority and Date Received _____

Issuing State and Identification # _____

Expiration Date _____

Has your License/Certification/Registration/Membership ever been revoked or suspended? Yes No

Name of License/Certification/Registration/Membership _____

Issuing Authority and Date Received _____

Issuing State and Identification # _____

Expiration Date _____

Has your License/Certification/Registration/Membership ever been revoked or suspended? Yes No

EMPLOYMENT HISTORY - *Most recent first*

Name of Employer	Dates of Employment	From: Mo. Year	To: Mo. Year
Address, City, State & Zip Code	Position(s) Held		May we contact Employer?
Phone Number	Duties & Responsibilities		
Type of Organization			
Name of Supervisor	Reason for Leaving		Starting Wage Ending Wage
Name of Employer	Dates of Employment	From: Mo. Year	To: Mo. Year
Address, City, State & Zip Code	Position(s) Held		May we contact Employer?
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Phone Number	Duties & Responsibilities		
Type of Organization			
Name of Supervisor	Reason for Leaving		Starting Wage Ending Wage

Professional References:

_____	_____	_____	_____
Name (First and Last Name)	Years of Acquaintance	Phone #	Email Address
_____	_____	_____	_____
No. & Street Address	City, State & Zip Code	Occupation	
_____	_____	_____	_____
Name (First and Last Name)	Years of Acquaintance	Phone #	Email Address
_____	_____	_____	_____
No. & Street Address	City, State & Zip Code	Occupation	

I hereby certify that I have not knowingly withheld any information that might adversely 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 undersigned 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 elapsed before discovery.

I hereby 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 letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that all offers of employment will be conditioned upon satisfactory completion of a physical, drug and criminal background screening and verification of education, employment and all licenses, certifications and registrations.

I understand that nothing contained in the application, or conveyed 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. If hired, I understand that I will be an "at-will" employee and that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, 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.

I further agree to go to binding arbitration should legal matters arise of the pre-employment or post-employment process.

I further agree that by manual or electronic signature, I agree to all terms and conditions stated in this employment application.

Date Signed

Applicant Signature (by typing your name, we acknowledge as an original signature)

FOR INTERNAL USE ONLY

Offer Date: _____

Date Offer Accepted: _____

Position Offered: _____

Position Accepted: _____ (blank if no change)

Wage Offered: _____

Wage Accepted: _____ (blank if no change)

Start Date: _____

Reports to (Name & Title): _____

Working Department: _____

YOUR COOPERATION IS VOLUNTARY

Applicants are considered for all positions desired, and employees are treated during employment without regard to race, color, religion, sex, national origin, marital, veteran status, disability (mental or physical), or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application of employment.

Select your race/ethnicity (Mark with an "X"):

- American Indian/Alaskan Native _____
- Asian/Pacific Islander _____
- Black or African American _____
- Hispanic or Latino _____
- White _____
- Two or more races _____
- I do not wish to provide _____

Gender (Mark with an "X")

- Female _____
- Male _____
- I do not wish to provide _____

How did you hear about us? Mark with an "X"

- _____ Walk-In
- _____ Hospital web site
- _____ Job Hot Line
- _____ *Job Fair
- _____ *Referral (Friend/Relative/Other)
- _____ *Online Job board
- _____ Radio
- _____ Newspaper
- _____ *Employment Agency
- _____ *Other
- _____ *Please specify: _____

Select your veteran status (Mark with an "X")

- Vietnam Era _____
- Other Veteran _____
- Disabled _____
- None _____
- I do not wish to provide _____

Disabled (Mark with an "X")

- Yes _____
- No _____
- I do not wish to provide _____

Definitions

Veteran: A person who was a former member of the Armed Forces for over 90 days

Vietnam Era Veteran:

1. Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released other than a dishonorable discharge.
2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975. No veteran may be considered to be a veteran of the Vietnam Era under this paragraph after December 31, 1991.

Disabled Veteran:

1. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Dept of Veterans' Affairs for a disability (i) rated at 30% or more, or (ii) rated at 10% or 20% in the case of a veteran who has been determined under Section 3016 of Title 38, U.S.C. to have a serious employment handicap, or
2. A person who was discharged or released from active duty because of a service-connected disability.

Disabled Individual:

1. A person has any physical or mental impairment which substantially limits one or more of such persons major life activities,
2. A person who has a record of such impairments,
3. A person regarded as having such impairments.

Note: Please detach and keep this form for your records



**Thank you for applying to join our
team at Victor Valley Community
Hospital!**

OUR PROMISE TO YOU:

Please note: Due to the large volume of applications received, we regret that we are unable to personally acknowledge each and every one of them.

- ✓ All applicants who meet the requirements of the posted position are forwarded to the hiring manager within 2 days. If you are not contacted within two (2) weeks, it is likely that you do not meet the minimum requirements or there are other candidates who are more qualified.
- ✓ We hold all applications for a minimum of 90 days. Should another opportunity become available for which you meet the requirements, we will forward your application to the appropriate hiring manager.

Thank you,

Human Resources

Please visit our web site www.vvch.org to review our current job openings and download an application.