

**California Healthcare Management
Employment Application**

Position applied for _____ Date of Application ____/____/____

Name _____

Address _____

Telephone: Home () _____ Social Security Number _____
Work () _____ Cell () _____

If offered a job, and you are under 18 years of age, can you furnish a work permit? Yes__ No __

Salary requirement _____

Have you ever been employed with this Company before? Yes ___ No ___

If yes, please give dates, state position held and reason for leaving: _____

Are you legally eligible for employment in this country? Yes ___ No ___
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available to start work ____/____/____

I am available to work Full-time _____ Part-time _____ Temporary _____

Have you ever been convicted of a felony? Yes _____ No _____
(A conviction may be relevant if job-related, but does not necessarily bar you from employment; do not provide information on a marijuana-related conviction that is more than two years old.)

If yes: Conviction Date _____ Explanation: _____

Driver's license number (if position applied for requires driving) _____ Class ___ State__

EMPLOYMENT HISTORY

Starting with the most recent, list your prior employers or work experience for the past 10 years. You may include military service and volunteer activities which are related to job experience. If additional sheet is needed to list all employers, please use the back of this page.

From _____ To _____ Hourly Rate/Salary _____

Employer/Address/Phone _____

Job Title and Duties _____

Name/Title of Last Immediate Supervisor _____

Reason for Leaving _____

From _____ To _____ Hourly Rate/Salary _____

Employer/Address/Phone _____

Job Title and Duties _____

Name/Title of Last Immediate Supervisor _____

Reason for Leaving _____

From _____ To _____ Hourly Rate/Salary _____

Employer/Address/Phone _____

Job Title and Duties _____

Name/Title of Last Immediate Supervisor _____

Reason for Leaving _____

DENTAL CERTIFICATES/LICENSES

Dates Earned:

X-ray _____ DA _____ RDA _____ RDA, EF _____ Coronal polish _____

Summarize special skills and qualifications acquired from employment, membership in professional organizations or other experiences that may qualify you for work with our Company. Exclude those which indicate race, color, religion, sex, national origin, ancestry, age, physical or mental disability, medical condition, sexual orientation or marital status.

Software programs you are familiar with: _____

EDUCATIONAL BACKGROUND

High School Name and location: _____ Did you graduate? ____

College Name and location: _____ Major/degree obtained _____

REFERENCES

Name and phone number: _____ Occupation and Relationship: _____

Name and phone number: _____ Occupation and Relationship: _____
Name and phone number: _____ Occupation and Relationship: _____

I hereby certify that all of the foregoing information I have supplied in this Application is correct and complete. I understand and agree that California Healthcare Management may verify the information provided and that any falsification of information will constitute grounds for immediate dismissal, whenever discovered. I give California Healthcare Management permission to contact any or all of my previous employers and references for full information and hereby release California Healthcare Management from any and all liability for doing so.

If employed, and in consideration of my employment, I agree to conform to the rules, procedures and policies of California Healthcare Management. **I understand that if I am hired, my employment will be at-will. I may be transferred, reassigned, suspended or demoted, and my employment may be terminated, at any time, with or without notice or cause.** I further understand that no management representative of California Healthcare Management, except the President, has any authority to enter into any agreement contrary to that for at-will employment.

Signature of Applicant _____

Date ____/____/____