

FROM	TO	EMPLOYER	TELEPHONE # ()
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

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REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

SKILLS AND QUALIFICATIONS

Summarize any training, skills, or education that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

LICENSES & CERTIFICATES

LICENSE/CERTIFICATE	NUMBER	EXPIRATION DATE

EDUCATIONAL BACKGROUND

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE		DEGREE	MAJOR
OTHER			

PROFESSIONAL REFERENCES

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

ADDITIONAL COMMENTS

Please indicate at which company or companies you wish to be considered for employment:

- SUBACUTE SARATOGA CHILDREN'S HOSPITAL 13425 Sousa Lane Saratoga, CA 95070
- CHILDREN'S RECOVERY CENTER 3777 South Bascom Ave Campbell, CA 95008
- SCRIBBLES & GIGGLES PEDIATRIC DAY HEALTH CENTER 13411 Sousa Lane Saratoga, CA 95070

APPLICANT STATEMENT

Please read and initial each of the following statements:

- 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 hereby certify that I, personally have completed this application and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient 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, resumé 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.
- 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 Chief Executive Officer.
- 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.
- I understand that if hired I will be required to submit to a background check, drug test, and physical and that I am entitled to copies of any such records obtained by the company.

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

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

Signature of Applicant _____ Date ____/____/____

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Subacute Saratoga Children's Hospital
13425 Sousa Lane Saratoga, CA 95070
Children's Recovery Center
3777 S. Bascom Ave Campbell, CA 95008
Scribbles & Giggles Pediatric Day Health Center
13411 Sousa Lane Saratoga, CA 95070

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applications for positions without regard to race, color, religion, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other 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.

Male Female

NAME:

Last First Middle

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE: Advertisement Employee Private Employment Agency
 Walk-In Relative Government Employment Agency
Name of Source (if applicable) Other

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

- White or Caucasian Black or African American
 American Indian/Alaskan Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Multicultural - persons who identify with more than 1 of the above

Administrative Use Only

Position(s) applied for: Available Not Available

Hired: Yes No If yes, 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: _____

