

4570 California Avenue, Suite 310 ♦ Bakersfield, CA 93309 ♦ (661) 846-4620 ♦ Fax (661) 327-9787

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			Date
Last Name	First Name	Middle Name	
Address			
City	State	Zip Code	County
Home Phone	Cell Phone	Business Phone	
Previous Address			
City	State	Zip Code	County
EMPLOYMENT DESIRED			
Position applying for:			
Date available for employment:		Salary desired:	
Are you willing to work:			
Overtime	Yes <input type="checkbox"/> No <input type="checkbox"/>	Weekends (Sat/Sun)	Yes <input type="checkbox"/> No <input type="checkbox"/>
On Call	Yes <input type="checkbox"/> No <input type="checkbox"/>	Holidays	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rotating Shifts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Travel	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nights	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you applying for: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call <input type="checkbox"/> Temporary <input type="checkbox"/>			
PERSONAL INFORMATION			
How were you referred to BFMC/HPN/CCPN?			
Do you have friends or relatives working for BFMC/HPN/CCPN? If yes, Name:		Relationship:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied for employment at BFMC/HPN/CCPN?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been employed by BFMC/HPN/CCPN? If yes, when:		Position/Department:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If hired, would you have a reliable means of transportation to and from work?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in this country?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you at least 18 years of age? (If under 18, hire is subject to verification that you are of minimum legal age.)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodation? If no, describe the functions that cannot be performed.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? If yes, state nature of the crime(s), when and where convicted and disposition of the case.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>(Note: 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 to the position(s) applied for may, however, be considered.)</p>			

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EDUCATION, TRAINING AND EXPERIENCE					
School Name and Address		Course of Study	Last Year completed	Did you Graduate	Diploma or Degree
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business or Vocational school			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Care			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Many of our customers (patients) do not speak English. Do you speak, write or understand any foreign languages? If yes, which language(s)?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at BFMC/HPN/CCPN? If so, please explain.					Yes <input type="checkbox"/> No <input type="checkbox"/>
Answer the following questions if you are applying for a professional position:					
Are you licensed for the job applied for?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of license/certification:			Issuing state:		
License/certification number:					
Has your license/certification ever been revoked or suspended?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state reason(s), date of revocation or suspension, and date of reinstatement.					



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EMPLOYMENT HISTORY

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

Name of Employer		Type of business			
Address		City	State/Zip		
Supervisor's Name		Telephone			
Date of Employment	From	To	Weekly Pay	Starting	Ending
Position/Duties					
Reason for leaving					
May we contact this employer for a reference?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Name of Employer		Type of business			
Address		City	State/Zip		
Supervisor's Name		Telephone			
Date of Employment	From	To	Weekly Pay	Starting	Ending
Position/Duties					
Reason for leaving					
May we contact this employer for a reference?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Name of Employer		Type of business			
Address		City	State/Zip		
Supervisor's Name		Telephone			
Date of Employment	From	To	Weekly Pay	Starting	Ending
Position/Duties					
Reason for leaving					
May we contact this employer for a reference?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If yes, please list.

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**BAKERSFIELD FAMILY MEDICAL CENTER
HERITAGE PHYSICIAN NETWORK
COASTAL COMMUNITIES PHYSICIAN NETWORK**



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REFERENCES

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

First Name		Last Name	
Occupation		Years known	
Address		City	
State/Zip		Telephone	

First Name		Last Name	
Occupation		Years known	
Address		City	
State/Zip		Telephone	

First Name		Last Name	
Occupation		Years known	
Address		City	
State/Zip		Telephone	

Is there additional information relative to change in name necessary to check your work history?
If yes, list other names used.

Yes No

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials	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.
Initials	I hereby authorize BFMC/HPN/CCPN 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 BFMC/HPN/CCPN, 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.
Initials	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 BFMC/HPN/CCPN. In addition, I understand and agree 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, at the option of either myself or BFMC/HPN/CCPN, and that no promises or representations contrary to the foregoing are binding on BFMC/HPN/CCPN unless made in writing and signed by me and the Company's designated representative.
Initials	I understand that I may be required to successfully complete a medical exam and drug screen for initial and continued employment.

Signature		Date	
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