

# Employment Application

**APPLICANT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long: \_\_\_\_\_

Phone # \_\_\_\_\_

DL# \_\_\_\_\_ Class \_\_\_\_\_

**How did you hear about this position?**

\_\_\_\_ In-House    \_\_\_\_ Internet    \_\_\_\_ News Paper

\_\_\_\_ One-Stop    \_\_\_\_ Walk-In    \_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

**SEQUOIA PSYCHIATRIC CENTER**  
1547 PLUMAS COURT  
YUBA CITY, CA 95991

**HUMAN RESOURCES DEPT.**

PHONE: 530-751-9911

FAX: 530- 751-9915

WEBSITE: <http://www.wgcc.us>

FACILITY # M-029

**DATE:** \_\_\_\_\_ **POSITION APPLIED FOR:** \_\_\_\_\_

**Full time**     **Part time**     **On Call**

**Days Desired: S M T W Th F Sat Shift Available: AM PM NIGHTS**

## EDUCATION

HIGH SCHOOL NAME AND LOCATION: \_\_\_\_\_

COMMUNITY COLLEGE ATTENDED: \_\_\_\_\_

DEGREE: \_\_\_\_\_

UNIVERSITY ATTENDED: \_\_\_\_\_

DEGREE: \_\_\_\_\_

TRADE SCHOOL/ OTHER TRAINING/ COURSES/ SPECIALIZATION: \_\_\_\_\_

## EMPLOYMENT HISTORY

PLEASE PUT PRESENT OR MOST RECENT FIRST  
MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE?    YES     NO

1. NAME OF EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
PHONE # \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

2. NAME OF EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
PHONE # \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

3. NAME OF EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
PHONE # \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

**OFFICE SKILLS**

DO YOU HAVE EXPERIENCE WITH:

WORD PROCESSING     EXCEL     QUICKBOOKS

FILEMAKER PRO     OTHER: PLEASE LIST \_\_\_\_\_

TYPING SKILLS: \_\_\_\_\_ WPM

**REFERENCES**

OTHER THAN RELATIVES OR CURRENT EMPLOYEES OF THE FACILITY

**NAME**

**OCCUPATION**

**ADDRESS**

**PHONE #**

NAME	OCCUPATION	ADDRESS	PHONE #

**OTHER**

AWARDS/ ACHIEVEMENTS/ CERTIFICATES:

HOBBIES AND INTERESTS:

ADDITIONAL COMMENTS OR REMARKS:

I AGREE TO PROVIDE A HEALTH SCREEN OR PHYSICAL EXAM RELATED TO THE ESSENTIAL REQUIREMENTS OF THE POSITION

YES  NO

I AGREE TO BE FINGERPRINTED AND WILL COMPLETE A CRIMINAL RECORD STATEMENT FOR A BACKGROUND CHECK/CLEARANCE.

YES  NO

**PLEASE READ CAREFULLY**

I hereby certify that to the best of my knowledge, and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

If employed, I agree that all material created and produced whether in written, graphic, or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last know address.

I give consent for an agent of the company to obtain such personal and job related information as required in connection with this application.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_