



EMPLOYMENT APPLICATION

An Affiliated Hospital of
USC School of Medicine

Date _____

2000 Stadium Way
Los Angeles, CA 90026-2696
(213) 250-4200

NAME _____ SOCIAL SECURITY # _____
FIRST MIDDLE LAST

ADDRESS _____ HOME PHONE _____
STREET CITY STATE/ZIP

IN EMERGENCY NOTIFY _____
NAME ADDRESS PHONE

POSITION APPLIED FOR _____

SHIFT DESIRED: Days / Evenings / Nights 8-hour Shift / 12-hour Shift (7A-7P / 7P-7A)
 Full-time Part-time Per Diem Shifts per Week _____

WHAT DATE ARE YOU AVAILABLE TO START WORK? _____

HAVE YOU WORKED AT BARLOW BEFORE? No Yes IF YES, WHEN? _____

HOW DID YOU HEAR OF BARLOW? Newspaper Friend Relative Other _____

IF EMPLOYED, CAN YOU FURNISH PROOF OF LEGAL RIGHT TO WORK IN THE UNITED STATES? No Yes

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes IF YES, GIVE DETAILS (conviction will not necessarily disqualify an applicant from employment) _____

CAN YOU PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITHOUT ANY ACCOMMODATION? Yes No

IF NO, WHAT ACCOMMODATION DO YOU REQUIRE? _____

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME/LOCATION	YEARS COMPLETED	DEGREE/CERTIFICATE
High School			
Technical School			
College			
Other			

WHAT LICENSES/CARDS DO YOU HOLD?

- Profess. Lic. # _____ Exp. Date _____
- ICU Certification Exp. Date _____
- CPR Card Exp. Date _____
- ACLS Card Exp. Date _____
- FIRE Card Exp. Date _____

WHAT BUSINESS MACHINES DO YOU OPERATE?

- Typewriter (WPM _____) Word Processor
- Dictaphone 10 Key
- Key Punch PBX
- Calculator Computer
- Other _____

LIST ANY SPECIAL SKILLS OR ABILITIES WHICH QUALIFY YOU FOR THE POSITION YOU SEEK _____

EMPLOYMENT HISTORY

Account in full for the past 10 years. Begin with most recent employer. If unemployed for any period of time, list dates and reason.

EMPLOYER NAME _____ PHONE # _____

ADDRESS _____

DATES OF EMPLOYMENT: FROM _____ TO _____ SALARY _____
MONTH YEAR MONTH YEAR

SUPERVISOR'S NAME AND TITLE _____

JOB TITLE AND DUTIES _____

REASON FOR LEAVING _____

MAY WE CONTACT EMPLOYER? YES NO

EMPLOYER NAME _____ PHONE # _____

ADDRESS _____

DATES OF EMPLOYMENT: FROM _____ TO _____ SALARY _____
MONTH YEAR MONTH YEAR

SUPERVISOR'S NAME AND TITLE _____

JOB TITLE AND DUTIES _____

REASON FOR LEAVING _____

EMPLOYER NAME _____ PHONE # _____

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MONTH YEAR MONTH YEAR

SUPERVISOR'S NAME AND TITLE _____

JOB TITLE AND DUTIES _____

REASON FOR LEAVING _____

I certify the answers given on this application are true and without omissions. I authorize Barlow Respiratory Hospital to investigate the foregoing and any other information which may assist in determining my suitability for employment. I understand that falsification or misrepresentation of any information may result in my not being considered for employment or in my being discharged.

Signature of applicant _____ Date _____



FULL-TIME, PART-TIME and PER DIEM EMPLOYEES

Barlow Respiratory Hospital is a multi-site facility.

Although you will be regularly assigned to a specific location, if emergency staffing needs arise (such as fluctuations in patient census) you will be required on a temporary basis to work at a location other than your regular assignment.

Name

Job Classification

Date

04/99

Applicant Notification / Release of Information

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion. This report may include information relating to your character, general reputation, personal characteristics, or mode of living, and is being provided by Pre-employ.com, Inc - PO Box 491570 Redding, CA 96049 - Phone 530-378-7680. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information.. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative consumer Report is conducted, I will be notified in writing with in three days from request of said report. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly in Black Ink only.

Name (Last) (First) (Middle)

List Any other name used in the last 7 years

Date of birth Social Security Number

Drivers License # State Phone # (Day)

Professional License Held State Lic.#

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# City State Zip

City State Zip Dates to

City State Zip Dates to

City State Zip Dates to

City State Zip Dates to

Your Signature Today's Date

California residents initial here if you wish a free copy of this report mailed to the address you supplied above

APPLICANT - DO NOT WRITE BELOW THIS LINE

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: PO/Location #

Please start our standard background check (ignore boxes below) Or select from the following:

- Criminal History Civil History Credit Report Social Security Verification Driving Report Education/Degree Verification Reference Check National Wants & Warrants Professional License Verification Previous Employer Verification O.I.G name search Urine Based Drug Test Saliva Based Drug Test

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Pre-employ.com, Inc., and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Pre-employ.com, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Pre-employ.com, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Pre-employ.com, Inc., its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, credit history and / or workers compensation claim history.