APPLICATION FOR EMPLOYMENT

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE AN INTERVIEW

Bethany, 930 West Main Street, Ripon, CA 95366 (209) 599-4221

|  |  |
| --- | --- |
| **DATE:** |  |
|  |
| **NAME (Last, First, Middle Initial):** |  |
| **ADDRESS (Street, City, St, Zip):** |  |
| **BEST NUMBER TO REACH:** |  ( ) - | **E-MAIL:** |  |
|  |
| **EMERGENCY CONTACT (Name):** |  | **RELATIONSHIP:** |  |
| **ADDRESS (Street, City, St, Zip):** |  |
| **BEST NUMBER TO REACH:** |  ( ) - |
|  |
| **Have you worked for Bethany in the past?**  **Yes**  **No** | **If Yes, Enter Dates To/From:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **If you are under 18 can you submit a work permit after employment?**  |  **Yes**  |  **No** |
| **Where did you hear about this employment opportunity with Bethany?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **NURSING OR OTHER PROFESSIONAL LICENSE (Enter Type):** |  |
| **POSITION DESIRED:** |  | **EXPECTED WAGE:** |  |
| **SHIFT PREFERRED:** |  |  **Full Time**  **Part Time**  **Either** |
|  |
| **PREVIOUS WORK EXPERIENCE (List Last Employer First)** |
|  |
| **DATES:** | From \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | To \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| **POSITION / TITLE:** |  |
| **EMPLOYER:** |  |
| **ADDRESS (Street, City, St, Zip):**  |  |
| **PHONE NUMBER:** | ( ) - | **SUPERVISOR:** |  |
| **REASON FOR LEAVING:** |  |
|  |
| **DATES:** | From \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | To \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| **POSITION / TITLE:** |  |
| **EMPLOYER:** |  |
| **ADDRESS (Street, City, St, Zip):**  |  |
| **PHONE NUMBER:** | ( ) - |
| **REASON FOR LEAVING:** |  |
|  |
| **DATES:** | From \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | To \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| **POSITION / TITLE:** |  |
| **EMPLOYER:** |  |
| **ADDRESS (Street, City, St, Zip):**  |  |
| **PHONE NUMBER:** | ( ) - |
| **REASON FOR LEAVING:** |  |

|  |  |  |
| --- | --- | --- |
| **DATES:** | From \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | To \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ |
| **POSITION / TITLE:** |  |
| **EMPLOYER:** |  |
| **ADDRESS (Street, City, St, Zip):**  |  |
| **PHONE NUMBER:** | ( ) - |
| **REASON FOR LEAVING:** |  |

|  |
| --- |
| **CHARACTER REFERENCES (Persons who know you well – do not include relatives or spouses)** |
|  |
| **NAME:** |  |
| **OCCUPATION:** |  |
| **CITY:** |  | **PHONE NUMBER:** | ( ) - |
| **YEARS KNOWN:** |  |
|  |
| **NAME:** |  |
| **OCCUPATION:** |  |
| **CITY:** |  | **PHONE NUMBER:** | ( ) - |
| **YEARS KNOWN:** |  |
|  |
| **NAME:** |  |
| **OCCUPATION:** |  |
| **CITY:** |  | **PHONE NUMBER:** | ( ) - |
| **YEARS KNOWN:** |  |

I understand that an offer of employment may be contingent upon the passing of a physical examination by a physician. I also understand that any misstatement or omission of material facts in my application may be cause for dismissal. You have permission to contact my previous employers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SIGNATURE DATE