



An Equal Opportunity Employer
www.healthtrust.org
EMPLOYMENT APPLICATION
2105 S. Bascom Ave., Ste. 220
Campbell, CA 95008

CONFIDENTIAL

The Health Trust is an Equal Opportunity Employer. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, age, sex, national origin, sexual orientation or disability. Answers should be typed, printed, or carefully written in ink. Please answer all questions, indicating "none" where applicable. RESUMES WILL NOT BE ACCEPTED IN LIEU OF ANY INFORMATION REQUIRED ON THIS FORM. This application must be completed in its entirety, resumes may be attached as supplemental information.

Date:	Full Name: (last)	(first)	(middle)
Other last name by which you have been known:			

Present Address: (St. & Number)	(City)	(State)	(Zip)	Home Tel. No.:	Bus. Tel. No.:	Cell Ph. No.:	Email:
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Position(s) Applying For:	How did you hear about The Health Trust:
_____	<input type="checkbox"/> Newspaper <input type="checkbox"/> Employee Referral <input type="checkbox"/> Professional Organization
_____	<input type="checkbox"/> EDD <input type="checkbox"/> Journal or Publication <input type="checkbox"/> School
Salary Desired: _____	<input type="checkbox"/> Inter-Net <input type="checkbox"/> Job Fair <input type="checkbox"/> Other: _____

Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	What days and hours are you available for work? Would you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> On Call, Varying Hours & Days <input type="checkbox"/> Temporary	

If you are offered a position, are you able to provide proof of U.S. Citizenship or proof of your legal right to work in the U.S.? Yes No

Are you at least 18 years of age? Yes No If "no", you must be able to verify that you meet minimum legal age requirements.

Have you ever been employed with The Health Trust, (Good Samaritan Health Systems previously Health Dimensions, Inc.) or Good Samaritan Hospital, San Jose Medical Center, Mission Oaks Hospital, South Valley Hospital or Sereno Surgery Center? Yes No

If yes, specify: Dates: _____ Position: _____ Affiliate(s): _____

Do any relatives currently work for this company? Yes No If yes", then please state the name(s) and relationship(s).

Are you currently excluded from participation in any federally funded healthcare program – including Medicare and Medicaid – and are you aware of any potential exclusion from a federally funded health program. Yes No

Have you ever been convicted of any crime (other than a marijuana conviction occurring more than two years ago)? Yes No If yes, briefly describe the nature of the crime(s), the date(s) and place(s) of conviction(s) and the legal disposition of the case(s). Include any convictions involving any violent act, use or possession of a weapon, or act of dishonesty. Do not include any convictions for which the record has been sealed or expunged (such as due to completion of a diversion program). The company will not deny employment solely because the applicant has been convicted of a crime but will consider the nature, date, and circumstances of the conviction, as well as whether the offense is relevant to the duties of the position for which the applicant is applying. Are you currently out on bail or released on your own recognizance pending trial? Yes No

If offered a position with this company, do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License: <input type="checkbox"/> Yes <input type="checkbox"/> No
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After reviewing the job description, are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed. **Note:** We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Depending on the position, employees may be required to have a job-related, post-employment offer medical examination.

Have you ever been granted a Professional License? Yes No If yes, please provide the type of Professional License, the #(s) and issuing state. Has your license / certification ever been revoked or suspended? Yes No If yes, state reason(s) date of revocation or suspension and date of reinstatement. (Attach a separate sheet of paper if necessary.)

EDUCATION	NAME & ADDRESS	No. of Yrs. Completed	Did You Graduate?	DIPLOMA / DEGREE
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Education or Training: _____

Are you fluent in any foreign language? If yes, please list language(s): _____

Other skills (computer training, software applications, equipment, techniques, etc) _____

**RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATION, ANSWER ALL QUESTIONS
LIST YOUR EMPLOYERS, STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER
Please provide a complete list of your work history for the last ten years, *including periods of unemployment.***

If any period of unemployment after this job, please explain: _____

<p>1) _____</p> <p>Employer: _____</p> <p>Street _____ City / State / Zip _____</p> <p>Telephone No. (include area code) _____</p> <p>Position Title _____</p> <p>Immediate Supervisor _____ Phone No. _____</p>	<p>Dates: _____ Salary: _____</p> <p>From _____ To _____</p> <p>Your Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p>
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If any period of unemployment after this job, please explain: _____

<p>2) _____</p> <p>Employer: _____</p> <p>Street _____ City / State / Zip _____</p> <p>Telephone No. (include area code) _____</p> <p>Position Title _____</p> <p>Immediate Supervisor _____ Phone No. _____</p>	<p>Dates: _____ Salary: _____</p> <p>From _____ To _____</p> <p>Your Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p>
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If any period of unemployment after this job, please explain: _____

<p>3) _____</p> <p>Employer: _____</p> <p>Street _____ City / State / Zip _____</p> <p>Telephone No. (include area code) _____</p> <p>Position Title _____</p> <p>Immediate Supervisor _____ Phone No. _____</p>	<p>Dates: _____ Salary: _____</p> <p>From _____ To _____</p> <p>Your Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p>
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RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATION, ANSWER ALL QUESTIONS
Please provide a complete list of your work history for the last ten years, *including periods of unemployment.*

If any period of unemployment after this job, please explain: _____

<p>4)</p> <p>Employer: _____</p> <p>Street _____ City / State / Zip _____</p> <p>Telephone No. (include area code) _____</p> <p>Position Title _____</p> <p>Immediate Supervisor _____ Phone No. _____</p>	<p>Dates: _____ Salary: _____</p> <p>From _____ To _____</p> <p>Your Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p>
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If any period of unemployment after this job, please explain: _____

<p>5)</p> <p>Employer: _____</p> <p>Street _____ City / State / Zip _____</p> <p>Telephone No. (include area code) _____</p> <p>Position Title _____</p> <p>Immediate Supervisor _____ Phone No. _____</p>	<p>Dates: _____ Salary: _____</p> <p>From _____ To _____</p> <p>Your Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p>
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If any period of unemployment after this job, please explain: _____

<p>6)</p> <p>Employer: _____</p> <p>Street _____ City / State / Zip _____</p> <p>Telephone No. (include area code) _____</p> <p>Position Title _____</p> <p>Immediate Supervisor _____ Phone No. _____</p>	<p>Dates: _____ Salary: _____</p> <p>From _____ To _____</p> <p>Your Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p>
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If any period of unemployment after this job, please explain: _____

<p>7)</p> <p>Employer: _____</p> <p>Street _____ City / State / Zip _____</p> <p>Telephone No. (include area code) _____</p> <p>Position Title _____</p> <p>Immediate Supervisor _____ Phone No. _____</p>	<p>Dates: _____ Salary: _____</p> <p>From _____ To _____</p> <p>Your Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>Reason for leaving _____</p>
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RESUMES WILL NOT BE ACCEPTED IN LIEU OF APPLICATION, ANSWER ALL QUESTIONS
Please provide a complete list of your work history for the last ten years, including periods of unemployment.

 If any period of unemployment after this job, please explain: _____

8) _____ Employer: _____ Street _____ City / State / Zip _____ Telephone No. (include area code) _____ Position Title _____ Immediate Supervisor _____ Phone No. _____	Dates: _____ Salary: _____ From _____ To _____ Your Responsibilities: _____ _____ _____ Reason for leaving _____
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PROFESSIONAL REFERENCES:

 List below, **professional** references, not related to you, whom we may contact.

Name: _____	Number of Years Known: _____
Occupation: _____	Telephone Number: _____
Relationship To You: _____	Telephone Number: _____
Name: _____	Number of Years Known: _____
Occupation: _____	Telephone Number: _____
Relationship To You: _____	Telephone Number: _____
Name: _____	Number of Years Known: _____
Occupation: _____	Telephone Number: _____
Relationship To You: _____	Telephone Number: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING:

I certify that the information contained in this application and any attachments is true and correct to the best of my knowledge. I consent to having any of the information verified by the company. I authorize my references and supervisors to provide information concerning my previous and/or present employment. I release all parties from any and all liability for damages that may result from furnishing such information, as well as from the use of or disclosure of such information by the company or its agents. I understand that any misrepresentation or material omission in this application may result in my failure to receive an offer or, if I am hired, in my dismissal. INITIAL _____

I UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY. No representative of the company other than the Chief Executive Officer has any authority to agree to the contrary. Further, the Chief Executive Officer may not alter the at-will nature of the employment unless done so specifically in a written agreement signed by both of us. INITIAL _____

I understand that any offer of employment is contingent on the satisfactory results of an employment reference check, as well as the satisfactory results of a criminal background investigation, sexual offender check and driving record check. Appropriate automobile insurance and may also be required. A fingerprint check through the Department of Justice and Federal Bureau of Investigation may be required by a position and Tuberculosis screening. All HIPAA regulations are adhered to by The Health Trust. The Health Trust will follow all State and Federal requirements regarding Criminal Offender Record Information. INITIAL _____

I further understand that all offers of employment are contingent upon on my providing satisfactory proof of my identity and legal authority to work in the U.S. in accordance with the Immigration Reform Control Act of 1986. INITIAL _____

 Comments: _____
 Date: _____ Applicant's Name (Please print): _____
 Applicant's Signature: _____