



# COMMUNITY HEALTH TRUST

of Pajaro Valley

85 Nielson Street  
Watsonville, CA 95076

## EMPLOYMENT APPLICATION

Name \_\_\_\_\_  
*Last First Middle*

Have you ever used another name? If yes, please provide: \_\_\_\_\_

Address \_\_\_\_\_  
*Number/Street City State Zip*

Home Phone \_\_\_\_\_ Message Number \_\_\_\_\_ Email: \_\_\_\_\_

Please check type(s) of work schedules you will accept.  
Do not check those you are unwilling to accept.

- Full-time     Part-time
- Days         Evenings     Nights
- Temporary    Summer Only

Bilingual Language Skills (other than English)  
Language \_\_\_\_\_ Language \_\_\_\_\_

- Speak \_\_\_\_\_  Speak \_\_\_\_\_
- Read \_\_\_\_\_  Read \_\_\_\_\_
- Write \_\_\_\_\_  Write \_\_\_\_\_

### EDUCATION

<i>Name and Address of Educational Institutions</i>	<i>Major Subject</i>	<i>Minor Subject</i>	<i>Diploma or Degree &amp; Dates Attended From / To</i>
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED Do not include dates
College:			<input type="checkbox"/> Yes <input type="checkbox"/> No From:                      To:
Graduate School:			<input type="checkbox"/> Yes <input type="checkbox"/> No From:                      To:
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No From:                      To:

Your skills for this position \_\_\_\_\_

List special licenses, certificates or credentials relevant to this position. Attach a copy of any certificate required for the position.

Title	Number	Issued by	Expiration Date

Please list job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, religious creed, color, national origin, sex, age, sexual preference, political beliefs or handicap.

## EXPERIENCE

Please begin with present or most recent experience; include both paid and voluntary experience. Fill out this form completely; do not mark "see resume." Attach a resume and other supplemental material which will help in evaluating your application.

From Mo/Yr	To Mo/Yr	EMPLOYER - Name and Address	Supervisor's Name and Phone Number May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
			(   )   -

Position Title: Full-Time  Part-Time

Duties Performed:

Reason for leaving:

From Mo/Yr	To Mo/Yr	EMPLOYER - Name and Address	Supervisor's Name and Phone Number May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
			(   )   -

Position Title: Full-Time  Part-Time

Duties Performed:

Reason for leaving:

From Mo/Yr	To Mo/Yr	EMPLOYER - Name and Address	Supervisor's Name and Phone Number May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
			(   )   -

Position Title: Full-Time  Part-Time

Duties Performed:

Reason for leaving:

## OTHER EMPLOYMENT REFERENCES

Employer	Supervisor's Name	Phone Number / Email

Pajaro Valley Community Health Trust is an equal opportunity employer. The Trust does not discriminate in employment on account of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex (including pregnancy, childbirth, breastfeeding or related medical conditions), gender identity, gender expression or transgender, age, military and veterans status or sexual orientation.

I hereby affirm that the information provided on this Employment Application (and accompanying resume, if any) is true and complete. I also agree that any false information or significant omissions will disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize and agree to cooperate in any investigation of my past employment, education and financial history and background, and release from liability all persons or entities requesting or supplying such information.

I understand that should I accept an offer of employment, that either the Trust or I can terminate my employment at any time for any reason, that I am not being employed for any specified duration and that this Employment Application does not constitute a contract of employment.

I understand and acknowledge that, aside from this employment-at-will relationship, no one other than the Executive Director has the authority to enter into any other employment contract between me and the Trust, and that any such contract must be in writing and executed by me and such officer on behalf of the Trust. I understand that should I accept an offer of employment, I may be required, as a condition of employment, to execute a confidential information/non-solicitation agreement, in which event I agree to be bound by the terms of such agreement(s).

I understand that this application applies only to the position sought at present and that Pajaro Valley Community Health Trust is not obligated to retain or consider this application for future openings. I also understand that this application will only be considered active for 30 days.

I understand that any offer of employment is contingent upon my producing documentation to verify my identity and my legal authorization to work in the United States, as required by federal law.

I understand that the completion of this application does not establish any obligation upon the Trust to hire me.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_