



# Mission Community Hospital

*Compassionate Healthcare. Quality Healthcare*

## EMPLOYMENT APPLICATION

### GENERAL DATA

Last Name		First Name		M.I.		
Have you ever used another name? ___ Yes ___ No						
If yes, please specify for purposes of a reference check:						
Present Address		Number	Street	City	State	Zip Code
Years at Above Address		Home Telephone Number (    )			E-Mail Address	
Position Applying For		Dept.			Date of Application	
Full Time <input type="checkbox"/>		Shift or Hours Preferred			Part Time <input type="checkbox"/>	
Social Security Number		Drivers License Number (if applicable)			Expiration Date	

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household?  
 Yes     No

### PERSONAL DATA

Name of person to notify in case of an Emergency:			Home Telephone Number (    )			
Present Address		Number	Street	City	State	Zip Code
<i>How did you learn of this job opening?</i>						
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____		
List membership in professional organization which you feel would enhance your application. <b>You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.</b>						

If under 18 years of age, can you after employment, submit a work permit?     N/A     Yes     No

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN (1) a marijuana-related conviction that occurred more than two years ago; and (2) an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program?  
 Yes     No

If yes, please state the date of conviction, the county and state, and the nature of the offense.

NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.

## SKILLS

Typing Speed (wpm):	Shorthand (wpm):
Machines Operated:	
<hr/> <hr/> <hr/> <hr/>	
Other Training/Skills (include bilingual ability if relevant to the position for which you are applying):	
<hr/> <hr/> <hr/>	
Branch of Military Services:	State Date: From _____ To _____
State relative skills acquired during military services:	

## PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License Number:	Expiration Date:	Type of License:	State:
------------------------------	------------------	------------------	--------

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position?     Yes     No

If Yes, Please explain:

---



---

## EDUCATION

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL OR OTHER
<b>Name</b>			
<b>Address</b>			
<b>Number of Years</b>			
<b>Course or Major</b>			
<b>Diploma/ Degree</b>			

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

### WORK EXPERIENCE

Last/Present Employer	Length of Service (Dates)		<b>Duties Performed</b>
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position			
Job Title	Hourly Rate / Salary		
Department	<u>Starting</u>	<u>Final</u>	
Reason For Leaving			
May we contact now? ___ Yes ___ No (If still employed)			
Employer	Length of Service (Date)		<b>Duties Performed</b>
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title	Hourly Rate / Salary		
Department	<u>Starting</u>	<u>Final</u>	
Reason For Leaving			
May we contact now? ___ Yes ___ No (If still employed)			
Employer	Length of Service (Dates)		<b>Duties Performed</b>
Address	<u>Start</u>	<u>Leave</u>	
Telephone Number(s)			
Supervisor's Name and Position			
Your Job Title	Hourly Rate / Salary		
Department	<u>Starting</u>	<u>Final</u>	
Reason For Leaving			
May we contact now? ___ Yes ___ No (If still employed)			

**APPLICANT'S STATEMENT**

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is at-will, and that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledge in writing by the President of the Company.

By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant

**FOR COMPANY USE ONLY**

Interviewed: [ ] Yes [ ] No

Remarks:

Employed: [ ] Yes [ ] No

Starting Date:

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title

(Revised 2-08-07)

**Mission Community Hospital**  
14850 Roscoe Blvd  
Panorama City, CA 91402  
(818) 787-2222