2070 Clinton Avenue, Alameda, CA 94501 • FAX: (510)814-4381
JOB LISTINGS: www.alamedahospital.org • EMAIL: Pnewsom@alamedahospital.org

AN EQUAL OPPORTUNITY EMPLOYER

Instructions

TO BE CONSIDERED FOR EMPLOYMENT PLEASE ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY.
IF YOU NEED MORE ROOM, YOU MAY USE THE BACKSIDE OF THE APPLICATION. PLEASE PRINT.

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF APPLICATION
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		
1) POSITION TITLE	POSITION NUMBER	SHIFT / HOURS	
2) POSITION TITLE	POSITION NUMBER	SHIFT / HOURS	
3) POSITION TITLE	POSITION NUMBER	SHIFT / HOURS	

Complete The Following Questions:

1. Have you ever previously been employed at Alameda Hospital?___________ From:______________ To:_____________

   Under what name?_____________________________________

2. Have you ever applied for employment at Alameda Hospital before?_______________ When?______________________

3. If related to any employee of Alameda Hospital, please state name, department and nature of relationship:____

4. How were you made aware of the position for which you are applying?____

5. How many years of experience do you have for the position for which you are applying?___________________________

6. If offered employment, are you able to submit legal verification of the right to work in the United States?_______________

7. If under 18 years can you provide a work permit?__________________

8. Have you ever been involuntarily discharged from a position?__________ If yes, explain_____________________________

9. Have you ever been convicted of a FELONY, MISDEMEANOR or MILITARY CRIME? (do not indicate any conviction that has been judicially dismissed, expunged, sealed or eradicated)...**Please answer "yes" or "no." If yes, please state yes on the line below along with the nature of the conviction.**

   ____

   (Note: Do not include misdemeanor marijuana conviction which occurred more than two years prior to the date of this application. A conviction is not necessarily a bar to employment. Each case is considered individually on the basis of the nature of the crime and the position applied for).

Employment History

LIST BELOW EMPLOYERS BEGINNING WITH YOUR MOST RECENT EMPLOYMENT.

ATTACHING A RESUME DOES NOT FULFILL THIS REQUIREMENT. PLEASE FILL OUT COMPLETELY.

→ IF YOUR WORK OR EDUCATION HISTORY WAS OBTAINED UNDER A DIFFERENT LAST NAME, PLEASE GIVE NAME(S) / DATES USED:

____

NAME OF PRESENT OR LAST EMPLOYER:	ADDRESS:	CITY, STATE, ZIP CODE:	TELEPHONE:
TITLE AND DUTIES:			
EMPLOYED DATES: FROM TO	PAY: START FINAL	REASON FOR LEAVING:	NAME OF LAST SUPERVISOR:

NAME OF EMPLOYER:	ADDRESS:	CITY, STATE, ZIP CODE:	TELEPHONE:
TITLE AND DUTIES:			
EMPLOYED DATES: FROM TO	PAY: START FINAL	REASON FOR LEAVING:	NAME OF LAST SUPERVISOR:

NAME OF EMPLOYER:	ADDRESS:	CITY, STATE, ZIP CODE:	TELEPHONE:
TITLE AND DUTIES:			
EMPLOYED DATES: FROM TO	PAY: START FINAL	REASON FOR LEAVING:	NAME OF LAST SUPERVISOR:

NAME OF EMPLOYER:	ADDRESS:	CITY, STATE, ZIP CODE:	TELEPHONE:
TITLE AND DUTIES:			
EMPLOYED DATES: FROM TO	PAY: START FINAL	REASON FOR LEAVING:	NAME OF LAST SUPERVISOR:

Are you presently employed: ❐ Yes ❐ No

If yes, may we contact your present employer? ❐ Yes ❐ No ❐ Not Applicable

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Alameda Hospital shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize employers, schools or persons named above to give any information regarding my employment, character and qualifications. I understand that any misleading or incorrect statements or omissions made in any part of this application may render this application void, and if employed, would be cause for termination at any time. I am willing that a true copy of this authorization be accepted with the same authority as the original.

Signature:______________________________ Date:______________________

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Professional Information

Education and Licensing		
→ IF YOUR WORK OR EDUCATION HISTORY WAS OBTAINED UNDER A DIFFERENT LAST NAME, PLEASE GIVE NAME(S) USED:___________________________________		
NAME, CITY AND STATE OF THE HIGH SCHOOL YOU ATTENDED:	CIRCLE LAST FULL YEAR COMPLETED 1 2 3 4	GRADUATED? ❒ Yes ❒ No G.E.D.? ❒ Yes ❒ No ❒ Not Applicable
NAME, CITY AND STATE OF COLLEGE, UNIVERSITY, PROFESSIONAL OR BUSINESS SCHOOL YOU ATTENDED:	CIRCLE LAST FULL YEAR COMPLETED 1 2 3 4 5 6	DATE COMPLETED:
		DEGREE:
		MAJOR:
ARE YOU REGISTERED OR PROFESSIONALLY LICENSED IN THE STATE OF CALIFORNIA? IF YES : LICENSE TYPE ______________________________ REGISTRATION OR LICENSE NO.______________________ EXPIRES________________________		

Special skill and abilities applicable to the position you are applying for		
MEDICAL TERMINOLOGY:	WORD PROCESSING SKILL:	WHAT MACHINES?:
INSURANCE BILLING:	DATA PROCESSING SKILL:	WHAT MACHINES?:
TYPING (WPM):	SHORTHAND (WPM):	PBX:
FOREIGN LANGUAGES SPOKEN / FLUENT?:		
OTHER SKILLS:		
OTHER HOSPITAL EXPERIENCE:		

Professional Organizations
Please list job-related organizations, clubs, professional societies or other associations to which you belong.

Alameda Hospital is a 24 hour care facility, most work schedules require flexibility. Check as many as possible.

Mark SHIFT (s) you are able to work: ❐ Days

❐ Evenings ❐ Nights ❐ Weekends

MINIMUM SALARY ACCEPTABLE: ______________________

Willing to work: ❐ Full time ❐ Part time ❐ On call

Are you willing to work overtime as required? ❐ Yes ❐ No

THREE (3) PROFESSIONAL REFERENCES REQUIRED
(DO NOT INCLUDE FRIENDS OR RELATIVES)

NAME	TELEPHONE # AND EMAIL ADDRESS	BUSINESS OR OCCUPATION
1.		
2.		
3.		

Space available for additional comments by applicant.

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