



PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

Please complete all sections of application even if turning in resume

1. Complete each section of the application (ensure phone number of work history is listed). **Incomplete applications will not be processed.**
2. If your application is processed for hire, Human Resources will **contact you** for a second interview with the Human Resource Department (allow 10 business days from the date of your final interview for application processing).
3. Include the following copies with your application:
 - Valid CPR, ACLS, PALS card (if applicable)
 - License or Certification Card (RN, LVN, etc.) (if applicable)
 - Degrees, Diplomas, Certificates (if applicable)
4. Submit completed application and copies to Human Resources or mail to:
Good Samaritan Hospital
Human Resources Department
901 Olive Drive, Bakersfield, CA 93308
nball@goodsamhospital.com

**Thank you for your interest with Good Samaritan Hospital.
We welcome your application.**

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Name (<i>First, Middle, Last</i>):		
Address:	State:	Zip:
Phone:	Email:	

Employment Desired

Position Desired:		
Are you applying for:	Full-time work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Part-time work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Per-diem work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you available to work:	Day shifts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Evening shifts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Night shifts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Weekend work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If hired, on what date can you start?		
Have you ever worked for Good Samaritan Hospital or its affiliates?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Personal Information

Do you have any friends or relatives working for Good Samaritan Hospital or its affiliates?

Yes No

If yes, please state name(s) and relationship:

Do you have a legal right to work in the United States?

Yes No

Can you perform the essential functions of the position for which you are applying with or without accommodation?

(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility test)

Yes No

If no, describe which functions can't be performed:

Many of our patients do not speak English. Do you speak, write, or understand, any foreign languages?

Yes No

If yes, which language(s)?

Speak Write Understand

Education, Training, and Experience

High School

Name:

Address:

City:

State:

Zip:

Did you Graduate? Yes No

No. of years completed:

College/University

Name:

Address:

City:

State:

Zip:

Did you Graduate? Yes No

No. of years completed:

Vocational/Business

Name:

Address:

City:

State:

Zip:

Did you Graduate? Yes No

No. of years completed:

Health Care Training

Name:

Address:

City:

State:

Zip:

Did you Graduate? Yes No

No. of years completed:

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Good Samaritan Hospital?

Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed for the job you applied for?

Yes No

Name of license/certification:

Issuing State:

License/certification number:

Employment History

List all present and past employment including military and volunteer service for the past ten years. Account for all periods of unemployment. History for the last five years is required. Complete this section **even if you are attaching a resume**.

1. Company Name *(most recent)*:

Employment dates:	From:	To:
Address:		
City:	State:	Zip:
Type of Business:	Reason for Leaving:	
Phone:	Supervisor's Name:	
Your Position and Duties:		
May we contact this employer for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Company Name *(most recent)*:

Employment dates:	From:	To:
Address:		
City:	State:	Zip:
Type of Business:	Reason for Leaving:	
Phone:	Supervisor's Name:	
Your Position and Duties:		
May we contact this employer for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Company Name *(most recent)*:

Employment dates:	From:	To:
Address:		
City:	State:	Zip:
Type of Business:	Reason for Leaving:	
Phone:	Supervisor's Name:	
Your Position and Duties:		
May we contact this employer for a reference?		Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Company Name <i>(most recent):</i>			
Employment dates:	From:	To:	
Address:			
City:		State:	Zip:
Type of Business:		Reason for Leaving:	
Phone:		Supervisor's Name:	
Your Position and Duties:			
May we contact this employer for a reference?			Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Company Name <i>(most recent):</i>			
Employment dates:	From:	To:	
Address:			
City:		State:	Zip:
Type of Business:		Reason for Leaving:	
Phone:		Supervisor's Name:	
Your Position and Duties:			
May we contact this employer for a reference?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Did you work for any of these employers under a different name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so please circle which one(s):	1 2 3 4 5
Give your previous name:	

References

List below three persons ***not related*** to you who have knowledge of your work performance within the last three years (i.e. managers, supervisors, co-workers).

Name:

Occupation:

Phone:

No. of Years Acquainted:

Name:

Occupation:

Phone:

No. of Years Acquainted:

Name:

Occupation:

Phone:

No. of Years Acquainted:

Please read carefully, initial each paragraph and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of time elapsed before discovery.

_____ I hereby authorize Good Samaritan Hospital to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any such way related to such investigation or disclosure.

_____ I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations to the contrary to the forgoing are binding on the Company unless made in writing and signed by me and the Company's designated representative (Chief Operating Officer).

_____ In compliance with Federal law, all person hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document from upon hire.

Good Samaritan will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Name: _____ **Date:** _____

Signature: _____

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