

# North Kern - South Tulare Hospital District

## APPLICATION FOR EMPLOYMENT



- Delano District Skilled Nursing Facility**  
1509 Tokay Avenue  
Delano, California 93215
- Gloria Nelson's Center for Women & Children**  
1500 6<sup>th</sup> Avenue  
Delano, California 93215
- Delano District Medical Center**  
1004 14<sup>th</sup> Avenue  
Delano, California 93215

**All offers of employment will be contingent upon successful completion of a drug screen**

APPLICATION RECEIVED

Phone: (661) 720-2100  
Fax: (661) 720-2177

### APPLICANT INFORMATION:

Name (last-first-middle)		Date
other names under which you have been employed:	Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address:		
City:	State:	Zip Code:
Phone Numbers: Home: (        )		Cell: (        )
HAVE YOU EVER BEEN EMPLOYED BY NORTH KERN - SOUTH TULARE HOSPITAL DISTRICT?		<input type="checkbox"/> YES <input type="checkbox"/> NO

### POSITION APPLYING FOR:

Hours: Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Per Diem: <input type="checkbox"/>	Status: Regular: <input type="checkbox"/> Temporary: <input type="checkbox"/>	Shift: Days <input type="checkbox"/> PM <input type="checkbox"/> Night <input type="checkbox"/> Rotate <input type="checkbox"/>	How did you learn about this job opening: <input type="checkbox"/> Newspaper <input type="checkbox"/> NKSTHD Website <input type="checkbox"/> Recruiter <input type="checkbox"/> NKSTHD Employee Referral <input type="checkbox"/> Job Fair / Convention         Name: _____					
Date Available to Start: _____			<input type="checkbox"/> Available to start immediately					
Days and Hours Available:	DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	START TIME							
	END TIME							
Do you have any relatives currently employed by DDSNF or NKSTHD? <input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, gives name(s), department(s), and relationship?				
Are you eligible for employment in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO								
Proof is required upon hire								

**EDUCATION:**

PLEASE BE PREPARED TO SUBMIT A COPY OF YOUR DEGREE AWARDED (DIPLOMA, ASSOCIATE, BS/BA/BSN/MS/MA)

	NAME LOCATION	DATE DEGREE EARNED	GRADUATED?		COURSE OR MAJOR
			YES Degree Awarded	NO Units Completed	
High School					
Jr. College					
College					
Graduate School					
Business / Trade School					
Other					

Are you attending or do you plan to attend school?  YES  NO

**SKILLS:****NOTE: If the job for which you are applying requires clerical skills, please answer the following questions**

Typing _____ WPM	Office machines operated:
	Computer software / hardware knowledge:
Other skills / training not mentioned above:	
Knowledge of Medical Terminology?	

**REFERENCES: (List at least 3 work related references who are not relatives)**

NAME	PHONE NUMBER	OCCUPATION	YEARS KNOWN
OPTIONAL			
OPTIONAL			

**WORK RECORD**

List all recent employers starting with your most recent or present employer

Employer Name		Phone No. (      )	
Address: City, State, Zip Code		MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Title		Immediate Supervisor	
Duties		Dates of Employment From: _____/mo ____/yr	Ending Salary: \$ _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
		To: _____/mo ____/yr	
Reason for Leaving			

Employer Name		Phone No. (      )	
Address: City, State, Zip Code		MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Title		Immediate Supervisor	
Duties		Dates of Employment From: _____/mo ____/yr	Ending Salary: \$ _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
		To: _____/mo ____/yr	
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Address: City, State, Zip Code		MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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		To: _____/mo ____/yr	
Reason for Leaving			

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Address: City, State, Zip Code		MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Title		Immediate Supervisor	
Duties		Dates of Employment From: _____/mo ____/yr	Ending Salary: \$ _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
		To: _____/mo ____/yr	
Reason for Leaving			

# PROFESSIONAL CERTIFICATION

Are you now licensed, registered or certified in your profession?  YES  NO

Which State(s)?

In California?  
 YES  NO

If not in California, have you applied?  
 YES  NO When? \_\_\_\_\_

Type of License / Certificate:  RN  LVN / LPN  CNA  OTHER: \_\_\_\_\_

Licenses / Certificates Issued:

State: _____	License No. _____	Expires _____
_____	_____	_____
_____	_____	_____

Has your license ever been revoked?  
 YES  NO

If yes, please explain

Other professional qualifications not listed above. National and specialty certification with expiration date (Copies required)

## APPLICANT'S STATEMENT (please read carefully)

I certify that answers supplied by me, the applicant, to the foregoing questions and statements are true and correct. I understand that any offer of employment is contingent upon satisfactory proof of identity and legal authority to work in the U.S. I agree to a post offer/pre-employment physical examination. I also understand that if hired, my employment may be terminated at the will of either my employer or me. I also authorize North Kern - South Tulare Hospital District to contact my present and past employers, schools, references and other sources deemed appropriate to consider my application. I hereby release them and North Kern - South Tulare Hospital District from any and all liability for issuing, receiving or using any such information. All facts stated in the application or resume submitted are open to investigation. I understand that any false or misleading information or any material omission may result in the denial of a job offer, or if hired, my termination from employment. Upon termination of employment, I authorize the release of reference information on my work, and release North Kern - South Tulare Hospital District, as well as its employees, agents and representatives from any and all claims that may have as a result of such release or disclosure. I agree that if employed, I will abide by the philosophy and all policies and procedures established by North Kern - South Tulare Hospital District. **I understand that my application will not be considered if received without a signature.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

It is the policy of North Kern - South Tulare Hospital District to afford equal opportunity to all employees and applicants for employment without regard to age, religion, color, sex, sexual preference, national origin or marital status and to afford equal opportunities to disabled veterans, veterans of vietnam era, and individuals with disabilities or any other protected characteristic by federal, state or local law.

### FOR North Kern - South Tulare Hospital District USE ONLY:

Application Reviewed: \_\_\_\_\_ Interviewed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ am/pm

Start Date: \_\_\_\_\_ Position: \_\_\_\_\_

Applicant Notified: \_\_\_\_\_ Department: \_\_\_\_\_

License/Certificate Verified: \_\_\_\_\_ Rate: \_\_\_\_\_

Flexible work arrangement?  
 YES  NO  Full Time  Temporary  
 Part Time  Per Diem

\_\_\_\_\_  
Human Resources Specialist / Designee

\_\_\_\_\_  
Date

Applicant not selected for employment