



**EMPLOYMENT HISTORY**

Please list your work experience including military experience with your present or most recent experience first. You may use additional pages if necessary. A resume may be attached, but the entire application must be complete.

Name of Employer	What were your principal duties and title?	Started Work	Left Work
Complete Address of Employer		Mo. Yr.	Mo. Yr.
Telephone Number		Reason for Leaving:	
Your Supervisor		May we Contact? Yes No	
Name of Employer	What were your principal duties and title?	Started Work	Left Work
Complete Address of Employer		Mo. Yr.	Mo. Yr.
Telephone Number		Reason for Leaving:	
Your Supervisor		May we Contact? Yes No	
Name of Employer	What were your principal duties and title?	Started Work	Left Work
Complete Address of Employer		Mo. Yr.	Mo. Yr.
Telephone Number		Reason for Leaving:	
Your Supervisor		May we Contact? Yes No	
Name of Employer	What were your principal duties and title?	Started Work	Left Work
Complete Address of Employer		Mo. Yr.	Mo. Yr.
Telephone Number		Reason for Leaving:	
Your Supervisor		May we Contact? Yes No	
Name of Employer	What were your principal duties and title?	Started Work	Left Work
Complete Address of Employer		Mo. Yr.	Mo. Yr.
Telephone Number		Reason for Leaving:	
Your Supervisor		May we Contact? Yes No	

In addition to the information already provided, list any volunteer activities, training, skills or other experience that you feel qualify you for the position for which you have applied: \_\_\_\_\_

I hereby certify that the information on this application is correct and complete to the best of my knowledge. I understand and agree that if I am employed, my employment is at will and 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 Hospital, and that no promises or representations contrary to the foregoing are binding on the Hospital unless made in writing and signed by me and the Hospital's designated representative. I agree to have any of the statements checked by the Hospital unless I have indicated to the contrary and I further authorize former employers, schools and/or references to release information relating to my work experience. I agree to hold any or all of them blameless and free of any liability for releasing any such information. I understand and agree that, if offered a position, I will be required to take and pass a physical examination including a drug screen and a criminal background check before I will be allowed to commence work. Further, I understand that falsification, misrepresentation or omission of any material information on this application may be considered sufficient cause for immediate termination. I agree that, if employed, I will abide by and observe all policies, procedures, rules, and regulations established by the hospital.

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

**APPLICANT EQUAL EMPLOYMENT OPPORTUNITY  
 VOLUNTARY SELF-IDENTIFICATION FORM**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Zip Code Number: \_\_\_\_\_

Title of Position Applied For: \_\_\_\_\_

It is the policy of Catholic Healthcare West (CHW) to provide equal opportunity in all decisions regarding terms and conditions of employment including recruitment, hiring, training, promotions, transfers, discipline, layoff, recall and termination without regard to race, color, religion, creed, age, sex, national origin, ancestry, disability, medical condition (including cancer-related), veteran status, childbirth or related medical condition, marital status, sexual orientation, or any other protected category as defined by law. We value the contributions that the diversity of interested job seekers brings to CHW.

To ensure compliance with State and Federal government regulations, we request that you provide the following information. **Your submission of the information is OPTIONAL and VOLUNTARY and will not be used for employment decisions or become a part of your applicant file. Refusal to provide this information will not subject you to any adverse treatment.** This information will be kept confidential and be used only in accordance with applicable regulations.

I prefer not to provide this information.

Please fill in appropriate response to each section.

SEX: _____(M) _____(F)	ETHNIC/RACE GROUPS: (Choose ONE)
_____ HISPANIC OR LATINO	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
_____ WHITE (Not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
_____ BLACK OR AFRICAN AMERICAN (Not Hispanic Or Latino)	A person having origins in any of the Black racial groups of Africa.
_____ ASIAN (Not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino)	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
_____ AMERICAN INDIAN OR ALASKA NATIVE (Not Hispanic or Latino)	A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
_____ Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races.

VETERAN STATUS: (Choose ONE, if appropriate)	
_____ VIETNAM ERA VETERAN	A person who: (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964 and May 7, 1975, in all other cases.
_____ OTHER COVERED VETERAN	Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)