

University HealthCare Alliance



Employment Application

Position Applied For

Job Title/Location/Group:

Contact Information

*Last Name: *First Name:

*Middle Name:

*Address:
*City:
*State:

*Zip/Postal Code:

*Primary Phone: Other Phone:

E-mail address:
*Other names used:

**=Required Entry*

Education

Please enter schools you have attended, dates attended, degrees received, and your primary area of study. Enter in the most recent first:

School / City	From MM/YY	To MM/YY	Degree	Major

Please complete ONLY if high school education is highest level completed:

High School/City: _____

*Did you receive diploma? **Yes** **No**

*Did you receive a GED? **Yes** **No**

Professional Licenses and Certifications

Please enter any professional licenses and certifications which you currently hold or have recently held.

License/Certificate	Number	State Issued	Date Issued MM/YY	Date Expires MM/YY

(Continue on a separate sheet if necessary.)

Foreign Languages

Please list any foreign languages in which you are proficient and willing to use on the job.

Foreign Language	Read	Write	Speak
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relatives

Please list below any relatives currently working for University HealthCare Alliance, Menlo Medical Clinic or other Stanford-affiliated organization.

Name	Relative	Department

Work History

In the spaces below, please enter your employment history. Please include your present and past employers (employer names, not agency specific assignments). Please include 7 years of employment history.

Employment 1

Name of Employer:

Address:

City:

State:

Zip/Postcode:

Job Title:

From Date:

Beginning Salary:

To Date:

Ending Salary:

Full or Part Time:

Supervisor/Title:

Phone:

Reason for leaving
(if no longer employed):

May we contact this employer?: Yes No

Employment 2

Name of Employer:

Address:

City:

State:

Zip/Postcode:

Job Title:

From Date:

Beginning Salary:

To Date:

Ending Salary:

Full or Part Time:

Supervisor/Title:

Phone:

Reason for leaving
(if no longer employed):

**May we contact
this employer?:**

Yes **No**

Employment 3

Name of Employer:

Address:

City:

State:

Zip/Postcode:

Job Title:

From Date:

Beginning Salary:

To Date:

Ending Salary:

Full or Part Time:

Supervisor/Title:

Phone:

Reason for leaving
(if no longer employed):

**May we contact
this employer?:**

Yes **No**

Employment 4

Name of Employer:

Address:

City:

State:

Zip/Postcode:

Job Title:

From Date:

Beginning Salary:

To Date:

Ending Salary:

Full or Part Time:

Supervisor/Title:

Phone:

Reason for leaving

(if no longer employed):

May we contact
this employer?:

Yes

No

Please continue on a separate sheet if necessary.

Unemployment

Please account for all periods of unemployment of one month or more during the last 10 years.

From MM/YY	To MM/YY	Reason

References

In the spaces below, please list three individuals who had a **direct supervisory** relationship to you. If no prior employer, please list up to 3 individuals (please do not include family members) who have knowledge of your qualifications for the position(s) for which you are applying. **Please do not include personal references.**

Name	Company	Address	Telephone#/ email	Best Time to contact	Nature of Relationship

Related Questions

Please answer the following questions.

On what date are you available to start work
(MM/DD/YY)? _____

Minimum hourly rate required (enter number only): \$ _____

Full time:

Part time:

Weekends:

Any:

Please check the following which you are willing to work:

Days:

Rotations:

Nights:

Weekends:

Evenings:

Per Diem:

*Are you willing to relocate? Yes No

Have you ever been employed by any of the following?

University HealthCare Alliance:

Menlo Medical Clinic:

Stanford University:

Stanford University Medical
Center:

Lucile Packard Children's
Hospital:

UCSF Stanford Health Care:

Stanford Health Care:

*Where did you LAST learn about the position? _____

**Required entry*

Additional Information

Are you legally authorized to work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Permit if under 18 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently out on bail or released on your own recognizance for criminal charges for which you are awaiting trial?	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If the position for which you are applying involves patient care, have you ever been arrested for violation of any section specified in Section 290 of the Penal Code (Registration of Sex Offenders)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If the position for which you are applying involves access to drugs and/or medication, have you ever been arrested for violation of any section specified in Section 11590 of the Health and Safety Code (Registration of Controlled Substance Offenders)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other than convictions for marijuana offenses in violation of Health and Safety Code sections 11357 (b) and (c) 11360 (c), 11364, or 11550 that are more than two years old, have you <u>ever</u> been convicted of:	
*One or more misdemeanors(s)? (including traffic related convictions)	Yes <input type="checkbox"/> No <input type="checkbox"/>
*One or more felony(s)? (including traffic related convictions)	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Have you ever been sanctioned or otherwise excluded from participation in Federal Health Care programs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Except as specified above, arrests without conviction need not be reported.	
If you answered yes to any of the above, please give date, place of conviction/charge/arrest and explain circumstances of each conviction.	

*=Required Entry

Voluntary Survey

We are an Equal Opportunity employer and do not discriminate on the basis of race, ancestry, color, religion, sex, age, marital status, sexual orientation, national origin, medical condition, disability, veteran status, or any other basis protected by law.

The information provided will be used for research, reporting, statistical purposes and to monitor legal compliance. To help us comply with these government requirements, please complete the following document.

Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment if hired. We appreciate your cooperation.

The following definitions are as offered by the federal government:

Gender:

- Male**
- Female**
- I Choose Not to Respond**

Ethnicity:

Are you Hispanic or Latino?

- No, not Hispanic or Latino.**
- Yes, Hispanic or Latino.**

A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

- I Choose Not to Respond**

Race:

What is your race? Select one of the following race categories.

- White (not Hispanic or Latino)**

Persons having origins in any of the original peoples of Europe, North Africa or the Middle East. **Black or African American (not Hispanic or Latino)**

Persons having origins in any of the Black racial groups of Africa.

- Asian (not Hispanic or Latino)**

Persons 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)**

Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. **American Indian or Alaskan Native (not Hispanic or Latino)**

Persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community

attachment. **Two or More Races (not Hispanic or Latino)**

- I Choose Not to Respond**

Veteran:

(Please choose one of the options below if it describes your veteran status)

- Vietnam Veteran**
- Disabled Veteran**
- Vietnam War Era Veteran**
- Disabled Vietnam Veteran**
- Gulf War Era Veteran**
- Special Disabled Veteran**
- I choose not to respond**