

EMPLOYMENT RECORD

In the space provided below, list all employment or volunteer service for the past 10 years, give most recent first. Attach additional sheet(s), if necessary.

Employer:	Telephone Number:	Position:
Address:		From: _____ To: _____
Supervisor's Name:		Starting Salary: _____ Ending Salary: _____
Duties and Responsibilities:		Reason for Leaving:

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Address:		From: _____ To: _____
Supervisor's Name:		Starting Salary: _____ Ending Salary: _____
Duties and Responsibilities:		Reason for Leaving:

Other languages, besides English, spoken fluently: _____

Other Special Skills/Qualifications: _____

PERSONAL REFERENCES

In the space below, give personal references (other than relatives or former employers)

Name	Address	Period Known	Occupation	Telephone Number

I certify that there are no willful misrepresentations, omissions or falsifications of the information provided on this application of employment. I understand that initial and continued employment depends on the truth and accuracy of this information and any misrepresentation will result in denial of employment or immediate termination of employment regardless of when or how discovered. I agree to submit to a physical examination after an offer of employment has been made, which will include drug screening for illegal drugs.

I authorize the investigation of all matters which Chino Valley Medical Center (CVMC) deems relevant to my qualifications for employment. I authorize Chino Valley Medical Center (CVMC) to request and receive such information and I release from all liability any persons or employers supplying it. I also release Chino Valley Medical Center (CVMC), its officers and representatives from all liability that might result from making the investigation.

APPLICATION OF EMPLOYMENT AGREEMENT: I understand that the employment relationship at Chino Valley Medical Center (CVMC) is on an at-will basis and that if I am hired, I or Chino Valley Medical Center (CVMC) may end the employment relationship at any time with or without cause with or without notice. I further understand that this provision may be modified only by the Chief Executive Officer with a signed statement specifying the specific period of employment.

Applicant's Signature:	Date:
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ADDITIONAL INFORMATION:

AUTHORIZED PERSONNEL ONLY

Date of Interview: _____

Time: _____

Interviewed by: _____

Title: _____

Subject	Rating (1 – 10, 10 being best)
Technical Knowledge (Level of knowledge in the activities required based):	
Work Experience (Responses to the aspects of former jobs):	
Communication Skills (Listens attentively, articulates comments well, etc.):	
Interpersonal Skills (Appears to be team oriented, open, people oriented, motivating, caring, decisive, etc.):	
Management Style:	
OVERALL RATING:	

Required Licensure/Certificates:

Type: _____ Expiration Date: _____

Type: _____ Expiration Date: _____

Type: _____ Expiration Date: _____

Type: _____ Expiration Date: _____

Additional Comments:

Was an offer of employment made?: YES NO

Position Offered: _____ Salary Offered:

Scheduled Starting Date: _____

Exempt or Non-Exempt: EXEMPT NON-EXEMPT