



**Application for Employment**

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. Please print.

Position(s) Applied for		Date of Application	
Print Name (Last, First, & Middle)			
Street Address		City	State
Main Phone Number	Alternate Phone Number	Email	

<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY</b>	<b>IF YES, EXPLAIN</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	

**DISCLOSURE**

Restpadd Psychiatric Health Facility is a 24/7 inpatient psychiatric hospital that treats acute patients in crisis. All potential employees are required to complete a criminal background check and receive approval from the State of California Department of Health Care Services prior to employment. This process requires potential employees to disclose any conviction of a crime(s).

If hired, can you produce documentation of your identity and legal right to work in the United States?  Yes  No

**GENERAL INFORMATION**

1. Have you ever used another name?.....  Yes  No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?.....  Yes  No
  - a. If yes to either of the above, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you ever worked for this company before?.....  Yes  No
  - a. If yes, please give dates and position: \_\_\_\_\_
4. Do you have friends and/or relatives working for this company?.....  Yes  No
  - a. If yes, name(s) and relationship(s): \_\_\_\_\_
5. On what date are you available to begin work? \_\_\_\_\_

Other than time off for reasons related to your religion, a disability or a medical condition, are there any days or times when you are unavailable to work?

6. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7. Are you available to work?  Full-time  Part-time  Shift Work  Temporary

8. If hired, would you have a reliable means of transportation to and from work?..... Yes  No

9. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes  No

a. Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

**EMPLOYMENT EXPERIENCE**

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary.

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
Phone Number		Dates Employed (Month/Year)	
		From	To
Job Title and Duties		Reason for Leaving	

Name of Employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address			
Phone Number		Dates Employed (Month/Year)	
		From	To
Job Title and Duties		Reason for Leaving	

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes  No

If yes, please explain

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Please explain any gaps in your employment history:

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Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

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**Education**

Please describe your educational background in the table provided below.

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					

**PROFESSIONAL LICENSES**

Please list licenses you possess.

License	Expiration Date (If Applicable)	Issuing Authority

**PERSONAL REFERENCES**

Please list three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number or Email

**APPLICANT STATEMENT AND AGREEMENT**

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

\_\_\_\_\_ I hereby authorize Restpadd, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment.

\_\_\_\_\_ I hereby certify that 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 the time elapsed before discovery.

**MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_