



**Name:** \_\_\_\_\_  
 First Last

**11878 Avenue of Industry  
 San Diego, CA 92128  
 Telephone: (858) 675-4200  
 Fax: (858) 675-9241**

**APPLICATION FOR EMPLOYMENT**  
*Please TYPE or print using BLACK or BLUE ink*

**Date Application Completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(Circle One)

Position Applied For: \_\_\_\_\_ Shift: \_\_\_\_\_ FT PT P/D Salary Desired: \$\_\_\_\_\_hr/yr  
 Position Applied For: \_\_\_\_\_ Shift: \_\_\_\_\_ FT PT P/D Salary Desired: \$\_\_\_\_\_hr/yr  
 Position Applied For: \_\_\_\_\_ Shift: \_\_\_\_\_ FT PT P/D Salary Desired: \$\_\_\_\_\_hr/yr

**Date Available to Begin Work:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever worked for Aurora Behavioral Health Care? **Yes No**

If Yes, please identify when/where you worked: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Where: \_\_\_\_\_

Have you previously applied at any Aurora Behavioral Health Care facility? **Yes No** If Yes, when: \_\_\_\_\_

Under what name(s)? \_\_\_\_\_ At which facility? \_\_\_\_\_

List relatives, friends or roommates currently employed at this Hospital: \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name, First Name, Middle Name		Home Telephone #:	
		Message / Cell Telephone #:	
Current Street Address:	City	State	Zip
Are you related to, living with or in an intimate relationship with an employee currently working at this facility? If so, (name): _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the Essential Functions of the position(s) you are applying for, either with or without reasonable accommodations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have the legal right to work and be employed in the United States? (Proof of identity and legal authority to work in the U.S. is a condition of employment)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age? (Proof of age and work permits may be required prior to hiring)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a reliable means of transportation to and from work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**REFERRAL SOURCE**

<b>Advertisement</b>	Name of Publication
<b>Current Employee</b>	Name of Employee
<b>Other</b>	Source (Job Fair, Walk-in, etc.)

Aurora Behavioral Health Care – San Diego is an equal opportunity employer. The Company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

## GENERAL INFORMATION

**Have you ever been convicted of a crime other than a traffic violation?**

Note: please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and, misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

**Yes**                       **No**

A conviction is not an automatic bar to employment; each situation is evaluated on its own merit.

If **Yes**, please explain and state the charge, the court where conviction was announced, the date of the conviction, and the disposition of the case as of this date:

Answer this question if you are applying for a position(s) with regular access to drugs/medications.

**Have you ever been arrested on charges of possession, sale, transport, cultivation or selling narcotics?**

**Yes**                       **No**

If **Yes**, please describe the circumstances and the status or disposition of the case as of this date:

Answer this question if you are applying for a position(s) with regular access to patients.

**Have you ever been arrested for a sex offense for which registration as a sex offender may be required under Section 290 of the Penal Code?**

**Yes**                       **No**

If **Yes**, please describe the circumstances and the status or disposition of the case as of this date:

## EDUCATION

	Name of School City, State	Graduated (circle one)	# of Years Attended	Coursework Major	G.P.A.
<b>High School</b>		Yes   No			
<b>Community College</b>		Yes   No			
<b>Trade/ Vocational School</b>		Yes   No			
<b>College or University</b>		Yes   No			
<b>Other</b>		Yes   No			

**EMPLOYMENT / MILITARY SERVICE / VOLUNTEER AND WORK EXPERIENCE**

Please identify all positions held in the past ten (10) years and all experience related to the position(s) you are applying for.  
Include periods of unemployment, self-employment, volunteer activities, school and/or military service.

May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	May we contact your previous employers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Business: <small>List current or most recent experience first</small>	Type of Business:
Complete Address of Business:	Supervisor's Name: Supervisor's Title:
Dates of Service: From: ____/____/____ To: ____/____/____	Supervisor's Telephone Number:
Base Salary: Starting Pay: \$_____ per hour / year Final Pay: \$_____ per hour / year	Were you eligible for any type of additional pay? <input type="checkbox"/> Yes (please identify type/amount) <input type="checkbox"/> No
Position Title / Role:	
Duties and Responsibilities:	
What did you like most about this role?	What did you like least about this role?
Reason for leaving: (resigned, terminated, laid off, relocated, etc.)	

Name of Business:	Type of Business:
Complete Address of Business:	Supervisor's Name: Supervisor's Title:
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Position Title / Role:	
Duties and Responsibilities:	
What did you like most about this role?	What did you like least about this role?
Reason for leaving: (resigned, terminated, laid off, relocated, etc.)	



PROFESSIONAL LICENSE / CERTIFICATION / REGISTRATION				
Type of Professional License, Certification or Registration	Name on Professional License, Certification or Registration	State Issued	Number	Expiration Date
				/ /
				/ /
				/ /
				/ /
				/ /

**CONDITIONAL OFFER OF EMPLOYMENT**

Compliance with the hospital’s Drug-Free Workplace policy is a condition of employment and requires every employee to be free from alcohol and drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test for alcohol and drugs in accordance with hospital policy. This hospital will not hire any applicant who fails to pass the pre-employment alcohol and drug test. Continued employment is also contingent upon compliance with the hospital’s Drug-Free Workplace policy.

I have read, understand and agree to abide by these conditions of employment: \_\_\_\_\_  
Signature Date

I hereby certify that the information contained in this *Application for Employment* is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals with whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this Application for Employment may result in my failure to receive an offer or, if I have already been hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. *I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the company, other than it’s President, has the authority to enter into any agreement for employment for any specific period of time, or to make any express or implied agreement contrary to the foregoing. Further the President of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specific period of time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of employment relationship and that there are no oral, written, or collateral agreements regarding this issue.*

I also understand that all offers of employment are condition on the Company’s receipt of satisfactory responses to the reference requests, verification of previous employment, the provision of satisfactory proof of an applicant’s identity and legal authority to work in the United States and other items conducted during a background check. Offers of employment are also condition on the satisfactory completion of a post-offer medical examination.

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



Today's  
Date: \_\_\_\_\_

## EEO APPLICANT FLOW DATA SHEET

Dear Applicant:

Federal and state regulations require employers to obtain information from each job applicant concerning the applicant's race, sex, national origin, and the job for which the applicant is applying. This form is used to provide each applicant with an opportunity to furnish such information voluntarily. Accordingly, if you decide not to provide the information, your decision will not be held against you. All information that is provided will be used for record-keeping purposes only and will be kept separate from employee's personnel file. Furthermore, such information will not be used for any discriminatory purpose. Your voluntary cooperation in completing this document is appreciated.

If you wish to provide any or all of the information requested below, please do the following:

- ✓ Record today's date above
- ✓ Do **NOT** place your name on this sheet of paper
- ✓ Check the applicable boxes below and record the requested information

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### Race

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Filipino
- Black
- Hispanic
- White
- Other (please specify): \_\_\_\_\_

### Sex

- Female
- Male

**National Origin:** \_\_\_\_\_

**Position(s) Applied for:** \_\_\_\_\_

*Thank you for your interest in Aurora Behavioral Health Care – San Diego*