



**Western University**  
OF HEALTH SCIENCES

*The discipline of learning. The art of caring.*

# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

**Please complete all information requested, print, and return the form to the Office of Human Resources**

Name:

Last First Middle

Street Address:

City State Zip

Previous Address (complete only if at current address less than 2 years):

City State Zip

Home Phone #

Message Phone

Preferred Contact

## POSITION DESIRED

**(A separate application must be provided for each position in which you are interested.)**

Position Applying For: \_\_\_\_\_ Posting Number: \_\_\_\_\_

Minimum Rate of Pay: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of Work Desired:  Full Time  Part Time  Either

## PERSONAL INFORMATION

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States?  Yes  No

Are you at least 18 years of age or older? If "no", a work permit may be required.  Yes  No

For reference purposes, have you worked or attended school under a former name?  Yes  No  
If yes, please list former name(s):

Have you ever worked for Western University? If yes, which College/Department?  Yes  No

Are any relatives or members of your household currently employed at this institution?  Yes  No  
If yes, give full name and position.

Are you able to perform the essential functions of the position applied for, either with or without reasonable accommodation?  Yes  No

Have you ever been convicted of a criminal offense (other than convictions relating to marijuana that are more than two years old) and/or arrested for a crime for which trial is now pending?  Yes  No  
If yes, please explain:

*(Note: A conviction is not an automatic bar to employment. The nature of the offense, the surrounding circumstances and relevance of the offense to the position applied will be considered.)*

Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? If yes, please explain.  Yes  No

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should contact the Office of Human Resource.

**EDUCATION AND TRAINING**

Type of School	Name and Location	No. Years Completed	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major & Degree
High School/ GED/CHSPE	_____ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
Business/Trade or Technical School	_____ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
College(s) or University(s)	_____ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____

Are you attending School now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name/Course of Study: _____ _____
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**SPECIAL SKILLS**

Licenses. Certificates: _____ _____	Answer only if position applied for requires a driver's license. Do you have a valid driver's license issued by the State of California? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Keyboarding WPM: _____	Computer Programs: _____ _____
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Special Equipment:

\_\_\_\_\_

\_\_\_\_\_

List Foreign Language(s) (optional):

Speak	Read	Write	Interpret/translate
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for this position?

Yes     No    If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

**For the last 10 years, starting with most recent, list each job held and account for all periods of unemployment. Attach additional sheets if necessary. You must complete this section even if attaching a resume.**

EMPLOYER: \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**ACCOUNT FOR PERIODS OF UNEMPLOYMENT BETWEEN JOBS:** \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**ACCOUNT FOR PERIODS OF UNEMPLOYMENT BETWEEN JOBS:** \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ May we contact this employer:  Yes  No

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Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**ACCOUNT FOR PERIODS OF UNEMPLOYMENT BETWEEN JOBS:** \_\_\_\_\_

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Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

ACCOUNT FOR PERIODS OF UNEMPLOYMENT BETWEEN JOBS: \_\_\_\_\_

**CERTIFICATION**

**Important: Please read carefully and sign:**

I hereby certify that the information on this application and all other information otherwise provided are true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the institution can terminate the relationship at will, with or without cause, at any time. I further acknowledge that the only manner in which the "at will" nature of the employment relationship can be altered is by means of a specific written agreement signed by me and the institution's President or Chief Operating Officer.

I hereby authorize Western University to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the University any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the University, my former employers and all other persons, corporations, partnerships and Universities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### EQUAL EMPLOYMENT OPPORTUNITY DATA

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the regulatory agencies on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a confidential file and are not a part of your application for employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SEX  Male  Female

#### RACE/ETHNIC IDENTIFICATION

- Black** (Not of Hispanic origin) – All persons having origins in any of the black racial groups of Africa.
- Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia and the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samona.
- American Indian or Alaska Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. (Includes those with Hispanic surnames).
- White** (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

#### VETERANS STATUS

- Vietnam Era Veteran       Disabled Veteran       Other

**DISABILITY STATUS** – Please check if you have a physical or mental disability that substantially limits one or more of your life’s activities, if you have a record of any disability, or if you are regarded as having a disability.  Yes       No

Please identify the accommodation(s) Western University of Health Sciences could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, alteration of certain duties relating to the job, or other accommodation(s).

\_\_\_\_\_

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**REFERRAL SOURCE**  Advertisement  Employee  Employment Agency  Friend  Walk-in  Internet  Other \_\_\_\_\_