

Application for Employment

PERSONAL INFORMATION

Last Name First Name Initial			Social Security Number ____ - ____ - _____	
Present Address		City	State	Zip Code
Home Phone		Business Phone		
Permanent address (if different from current address)		City	State	Zip Code
Are you legally entitled to work in the United States?				__ Yes __ No
<i>(If you are hired you will have to present evidence of your right to work in the United States no later than three days after the commencement of your employment)</i>				
Have you ever been convicted of a crime? (Do not respond concerning the following: arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.) __ Yes __ No If yes, what was (were) the offense(s)? _____ Date(s) and place(s) of conviction: _____ A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense and rehabilitation will be taken into account.				
Do you have any friends or relatives working for Lucile Packard Foundation for Children's Health?				__
Yes __ No If yes, state name(s) and relationship. _____ _____				
Are you at least 18 years old?				__ Yes __ No

WORK INFORMATION

Position Desired	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> # Hours
Can you perform the essential functions of this job, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(The Human Resources representative will provide a description of the essential functions of the position.)</small>	
Desired Pay	Date available for work
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn of this position?	

EDUCATION AND TRAINING INFORMATION

School	Name And Location Of School	No. of years	Did you graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Lucile Packard Foundation for Children's Health? If so, please describe:

EMPLOYMENT INFORMATION

(List Most Recent Job First)

Dates Start ___/___/___ Left ___/___/___ Salary Start \$ _____ Left \$ _____ Job Title _____ _____	Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____ Type of business _____ Supervisor(s) _____ Duties _____ _____ _____ Reason for leaving _____ _____ _____
May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Dates Start ___/___/___ Left ___/___/___	Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____
Salary Start \$ _____ Left \$ _____	Type of business _____ Supervisor(s) _____ Duties _____
Job Title _____ _____	Reason for leaving _____ _____ _____
May we contact this employer for reference? __ Yes __ No	

Dates Start ___/___/___ Left ___/___/___	Employer _____ Phone _____ Address _____ City _____ State _____ Zip _____
Salary Start \$ _____ Left \$ _____	Type of business _____ Supervisor(s) _____ Duties _____
Job Title _____ _____	Reason for leaving _____ _____ _____
May we contact this employer for reference? __ Yes __ No	

BUSINESS OR PROFESSIONAL REFERENCES

NAME	PHONE	YEARS KNOWN	OCCUPATION & RELATIONSHIP

You may attach a sheet, if necessary, to provide further information regarding your work history.

AN EQUAL OPPORTUNITY EMPLOYER

All employment decisions are made without regard to unlawful considerations of race, sex, sexual orientation, gender identity, religion, national origin, age, disability, or any other legally protected status. Reasonable accommodations are available to qualified disabled individuals, upon request.

CERTIFICATION

Read carefully before signing application.

I certify that the information given by me in this employment application is true and correct and contains no material omissions of any kind. I understand that any false statements or material omissions of fact made by me in this employment application or the interview process may disqualify me from employment or result in my termination. I authorize Lucile Packard Foundation for Children’s Health to investigate my background and fitness for employment, including, but not limited to, an investigation of all the information provided in this employment application. I release Lucile Packard Foundation for Children’s Health, its employees and agents from any and all liability for failing to hire me or terminating my employment due to such false information or material omissions. I authorize the companies, schools or persons named above to give to Lucile Packard Foundation for Children’s Health any information regarding my employment or educational background, together with any information they may have regarding my qualifications for the job for which I am applying, whether or not it is in their records. I hereby release said companies, schools or persons and their employees and agents from any and all liability resulting from the disclosure of this information.

I UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT RELATIONSHIP WITH Lucile Packard Foundation for Children’s Health IS AT-WILL, WHICH MEANS THAT IT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, BY EITHER ME OR Lucile Packard Foundation for Children’s Health. In addition, if I am hired, Lucile Packard Foundation for Children’s Health will have the right to impose discipline or alter my position at its discretion. I understand and agree that no representative of the Company may enter into any agreement contrary to the foregoing unless it is done by way of a specific, written agreement signed by the President and CEO.

Signed: _____ Date _____

FOR EMPLOYMENT OFFICE USE ONLY

Classification: _____ Rate: _____ Section: _____
Effective: _____