

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

List professional, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin):

Give name, address, and telephone number of three references not related to you:

Special Employment Notice To Disabled Veterans, Vietnam Era Veterans, And Individuals with Physical or Mental Disabilities:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Disabled Individual _____ Disabled Veteran _____ Vietnam Veteran _____

Signed _____

EDUCATION	Elementary	High	College/Univ.	Graduate/ Professional
School Name				
Years Completed (Mark)	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship Skills, and Extra-Curricular Activities				

EMPLOYMENT HISTORY:

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.
(Exclude groups which indicate race, color, religion, sex or national origin.)

1. Employer _____

Started Mo./Yr. _____

Left Mo./Yr. _____

Complete Company Address _____

Company Phone No. _____

Type of Work _____

Immediate Supervisor _____

Rate of Pay Start/Left _____

Reason For Leaving _____

2. Employer _____

Started Mo./Yr. _____

Left Mo./Yr. _____

Complete Company Address _____

Company Phone No. _____

Type of Work _____

Immediate Supervisor _____

Rate of Pay Start/Left _____

Reason For Leaving _____

3. Employer _____

Started Mo./Yr. _____

Left Mo./Yr. _____

Complete Company Address _____

Company Phone No. _____

Type of Work _____

Immediate Supervisor _____

Rate of Pay Start/Left _____

Reason For Leaving _____

4. Employer _____

Started Mo./Yr. _____

Left Mo./Yr. _____

Complete Company Address _____

Company Phone No. _____

Type of Work _____

Immediate Supervisor _____

Rate of Pay Start/Left _____

Reason For Leaving _____

If you need more space, please continue on a separate sheet.

May we contact your present employer? Yes _____ No _____

Summarize special skills and qualifications acquired from employment or other experience: _____

List any Honors received from school, college, etc.: _____

State any additional information you feel may be helpful to us in considering your application: _____

Remarks: _____

I understand and agree that Union General Hospital may make inquiries to verify information on this application, particularly relating to prior employment and education. In addition, an investigation into my character and general reputation may be conducted and persons, including references listed in the application, may be contacted for this purpose. My signature below authorizes UGH to do so. I understand that any false or misleading information or omissions in this application does not indicate that there are positions open and does not in any way obligate the Hospital. If employed, I will conform to the rules, and regulations of UGH and my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Hospital or myself. I hereby acknowledge that I have read and fully understand the foregoing statement.

I understand that if employed, my employment is for no definite period and no manager or employee has the authority to enter into an employment contract with me in behalf of the hospital.

I understand and agree, if employed, not to: engage in outside business ventures which would interfere with my duties as an employee; provide consulting or other services for firms in competition with the hospital or engage in any activity

in competition with UGH; have any substantial interest in a firm which supplies goods or services to the hospital/ accept from suppliers or competitors any gifts worth more than \$25.00

As a prospective employee of UGH, I understand a thorough investigation of my record of past criminal activities will be conducted by the LA Department of Public Safety and Corrections.

Signature

Date

