

# Shriners Hospitals for Children Application for Employment

**Instructions:** Please complete all sections of this form. Incomplete or unsigned forms will not be considered. Please print and use ink. Sign page 3 and page 4. Applications are considered for a 90-day period only. If you wish to be considered after 90 days from the date of application, please reapply. Do not fill in shaded areas.

<b>Personal Information</b>					
<b>Name</b>	Last	First	Middle		
<b>Address</b>	Street				
City		State		Zip	
Social Security Number		Phone: Home		Work	Cell
<b>Type of Employment Desired</b>					
<b>Position(s)</b>	1		2		
<b>Availability</b>	If offered a job, when could you begin?			Date: _____	
<b>Salary</b>	What is the approximate salary you expect to be paid? \$ _____ per _____				
<b>Schedule/Shift</b>	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights <input type="checkbox"/> Rotate <input type="checkbox"/> Weekends <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> PRN Pool				
<b>Education and Licensure</b>					
Dates requested in this section will be used only to verify the accuracy of education and licensure information. Please use an additional sheet if you attended multiple schools.					
<b>High School</b>	Name		City		State
	Did you graduate or have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			Final Grade Point Average (GPA): _____	
<b>Technical</b>	Name		City		State
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		GPA: _____	Degree or Area of Study:	
<b>College Undergraduate</b>	Name		City		State
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		GPA: _____	Degree:	Year: Major:
<b>College Postgraduate</b>	Name		City		State
	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		GPA: _____	Degree:	Year: Major:
<b>License</b>	Type		State	Year	Verified by:
	Is your license current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number		
<b>License</b>	Type		State	Year	Verified by:
	Is your license current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number		
<b>Certification</b>	Type		Verified by:		
	Is your certificate current? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Certification</b>	Type		Verified by:		
	Is your certificate current? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Shriners Hospitals for Children is an Equal Opportunity Employer and maintains a Drug Free Workplace.  
Before you can work for Shriners Hospitals for Children, you will be required to pass a drug/alcohol screening**

## Experience.

Please answer all of the following questions.

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fired or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be able to work on a regular basis and/or report to work on time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**List your experience for at least the past ten years. Do not leave any gaps. List current situation first. If necessary, attach additional sheets. This section must be completed even if you submit a resume.**

Dates		Please check your status during each time frame.	List your Position, Employer or School and address.	List supervisor's name, title and phone number. Give your reason for leaving.	
From	To			Last Supervisor	Phone
Month:  Year:	<b>Now</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other:	Position  Business Name  Address  City, State	Last Supervisor  Title  Reason for leaving:	  Phone
Month:  Year:	Month:  Year:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other:	Position  Business Name  Address  City, State	Last Supervisor  Title  Reason for leaving:	  Phone
Month:  Year:	Month:  Year:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other:	Position  Business Name  Address  City, State	Last Supervisor  Title  Reason for leaving:	  Phone
Month:  Year:	Month:  Year:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other:	Position  Business Name  Address  City, State	Last Supervisor  Title  Reason for leaving:	  Phone

**(Please ask for a copy of the policy if you have any questions pertaining to this.)**

Shriners Hospitals for Children policy places certain restrictions on employment outside of Shriners Hospitals for Children to ensure the employee's ability to meet scheduling and performance requirements and to ensure no conflict of interest is presented. If employed, do you expect to also be employed by any other employer, including self employment or consulting, while employed by Shriners Hospitals for Children?  Yes  No  
 If yes, please explain:

**Skills**

**Please list any skills of yours that may be useful in evaluating you for a position.**

**Computer Skills**

Many jobs in our operation require the use of computers. List types of computers and software that you have used. Give some indication of your skill level.

**Languages**

Some of our patients may speak languages other than English. If you speak more than one language please list below and tell how well you speak and understand it.

**Office Skills**

If the job you are applying for requires the use of office skills, list your skills and how well you perform them. For example if you type, list "typing" and how many words per minute you type.

**Technical Skills**

If you have technical skills that are not evident from your schooling or previous employment, please list below.

**Clinical Skills**

If you have special clinical skills that are not evident from your schooling or previous employment, please list below.

**References**

**Please list the names of three individuals we may contact as a reference. Do not list relatives.**

Name	Occupation	Address	Phone Email
Name	Occupation	Address	Phone Email
	Occupation	Address	Phone Email

I certify that all information contained on pages 1, 2 and 3 of this application is true and authorize its investigation and agree that any false statement, misrepresentation or omission of facts on this application or on any supporting documents, regardless of when discovered, will result in the rejection of my application for employment or immediate dismissal from employment

**Date:**

**Signature:**

**Please read, acknowledge and initial each of the following statements.**

<b>1</b>	I authorize investigation of all statements contained in this application and any supporting documents. I authorize Shriners Hospitals for Children to secure information about my education or experience from former employers, educational institutions, government agencies, or other references I have provided, and for those parties to provide information concerning my education or experience, and hereby release all parties from any liability arising from such investigation. I understand that employment may be subject to an investigation of my consumer credit history and if such an investigation is to be performed, I will be requested to authorize such investigation in separate documentation. _____ <b>Initial</b>
<b>2</b>	I understand that if I am offered employment, I will, as a condition of such employment, be required to submit proof of my identity and legal right to work in the United States of America. _____ <b>Initial</b>
<b>3</b>	I understand that if I am offered employment, I will, as a condition of such employment, be required to submit proof that I am 18 years old or older. _____ <b>Initial</b>
<b>4</b>	I understand that if my job requires me to drive in the course of my employment, I will be required to possess a current and valid drivers license and maintain a good driving record. I specifically authorize investigation of my driving record with the DMV by Shriners Hospitals for Children. _____ <b>Initial</b>
<b>5</b>	I agree, if I am offered employment, to abide by all rules and regulations of Shriners Hospitals for Children. _____ <b>Initial</b>
<b>6</b>	I agree that, if I am offered a position, it will be offered on condition that my employment shall be <b>at will</b> and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the Chairman of the Board of Trustees of Shriners Hospitals for Children, no supervisor, manager or Hospital Administrator may alter or amend the above conditions. Only the Chairman of the Board of Trustees has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing, and then only in writing. _____ <b>Initial</b>
<b>7</b>	I understand that if I am offered employment, I will, as a condition of such employment, be required to provide an appropriate specimen to Shriners Hospitals for Children and consent to have the specimen tested for alcohol and/or drugs by a laboratory chosen by Shriners Hospitals for Children. I authorize the release of the test results, positive or negative, to the management of Shriners Hospitals for Children. _____ <b>Initial</b>
<b>8</b>	I understand that any offer of employment made to me is contingent upon the successful completion of a company physical examination and drug/alcohol test. _____ <b>Initial</b>
<b>9</b>	I understand that if offered employment, I will be required to sign Shriners Hospitals for Children's intellectual property agreement. _____ <b>Initial</b>

**I have read, understand, acknowledge and agree to abide by all of the above statements.  
I consent to all investigation authorizations herein above stated.**

**Date:**

**Signature:**



**Shriners Hospitals**  
for Children®

**PLEASE COMPLETE THE FOLLOWING QUESTIONS IN FULL**

1. How did you hear of this position? \_\_\_\_\_

2. Do you know anyone who works for Shriners Hospital for Children,  
Northern California? \_\_\_\_\_

If yes, who? \_\_\_\_\_

How do you know this person? \_\_\_\_\_

3. Are you related to any employee of Shriners Hospitals for Children? \_\_\_\_\_

If yes, who? \_\_\_\_\_

4. What pediatric experience do you have?

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