5201 White Lane
Bakersfield, CA. 93309
(661) 398-1800
Fax (661) 241-6252

EMPLOYMENT APPLICATION

Bakersfield Behavioral Healthcare Hospital is an equal opportunity employer. Bakersfield Behavioral Healthcare Hospital does not discriminate on the basis of race, color, religion, sex, national origin, age, disability , or any other characteristics protected by applicable state or federal civil rights laws.

AN EQUAL OPPORTUNITY EMPLOYER

DRUG SCREENING

Bakersfield Behavioral Healthcare Hospital is committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a post-offer physical exam which includes drug screening.

BACKGROUND CHECK

Among other things, Bakersfield Behavioral Healthcare Hospital is concerned about violence in the workplace, falsified employment applications, and employee theft. We will conduct a full background check on all candidates for employment.

E-VERIFY

Bakersfield Behavioral Healthcare Hospital participates in E-Verify. E-Verify is used only to confirm work authorization after hire.

GENERAL INFORMATION

FIRST NAME	MIDDLE	LAST	DATE
HOME ADDRESS STREET	APT. #	CITY	STATE	ZIP CODE
PREVIOUS ADDRESS			E-MAIL ADDRESS
HOME PHONE ( )	WORK PHONE ( )	AGE IF UNDER 18 _______	IF HIRED, YOU WILL BE REQUIRED TO SUBMIT PROOF OF AGE IF UNDER 18 AND YOU WILL BE REQUIRED TO HAVE A VALID WORK PERMIT.

JOB INTEREST

FIRST CHOICE: TITLE	SECOND CHOICE: TITLE	DATE AVAILABLE	SALARY DESIRED

HOURS & SHIFTS AVAILABLE:

FULL TIME	PART TIME	ON CALL	TEMPORARY	HOW MANY HOURS PER WEEK ARE YOU AVAILABLE? __________
YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	

DAY SHIFT	EVENING SHIFT	NIGHT SHIFT
YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

PREVIOUS APPLICATIONS

HAVE YOU EVER APPLIED FOR A POSITION WITH BAKERSFIELD BEHAVIORAL HEALTHCARE HOSPITAL BEFORE? YES ☐ NO ☐

HAVE YOU APPLIED WITHIN THE LAST 6 MONTHS? YES ☐ NO ☐ WERE YOU INTERVIEWED? YES ☐ NO ☐

IF YES, WHAT POSITIONS HAVE YOU APPLIED FOR? ______________________________

HOW WERE YOU REFERRED TO US?

☐ Advertisement: ______________ (Publication) ☐ Employee: ______________ (Name) ☐ School: ______________ (Name) ☐ Walk-In: _____

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodation(s)?

(Job description available for your review in Human Resources) ☐ Yes ☐ No

If necessary, please describe what type(s) of reasonable accommodation(s) is/are needed: ______________________________

If under 18 years of age, please give date of birth: ______________

If offered employment, can you submit verification of your legal right to work in the United States? ☐ Yes ☐ No

Have you previously been employed by Bakersfield Behavioral Healthcare Hospital? ☐ Yes ☐ No

If yes, when? ______________ Name worked under, if different: ______________

Are you related to any present employee of Aurora Behavioral Health Care: ☐ Yes ☐ No

If yes, who? ______________ Relationship: ______________

MILITARY INFORMATION

WERE YOU EVER IN THE MILITARY? YES ☐ NO ☐ IF YES, WHAT BRANCH? ______________

WHAT RANK ATTAINED? ______________

SPECIAL SKILLS AND TRAINING

THIS INFORMATION IS ONLY TAKEN INTO CONSIDERATION TO THE EXTENT THAT IT IS RELEVANT

SPECIFY NUMBER OF MONTHS/YEARS OF EXPERIENCE AND/OR SPEED

10 KEY (touch) ☐ Yes ☐ No MEDICAL TERMINOLOGY ______________ PBX (Type Board) ______________

SHORTHAND (Speed) __________ Date last tested __________ TYPING (Speed) __________ Date last tested __________

WORD PROCESSING (Speed) __________ Date last tested __________ Software used __________

SPREADSHEET (Software used) ______________ Experienced on a hospital computer system? ☐ Yes ☐ No

Describe: ______________________________

PROFESSIONAL LICENSES / REGISTRATIONS / CERTIFICATIONS

TYPE (If the position you are applying for requires a current license registration or certification, proof of same will be required.)	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRES ON
TYPE (If the position you are applying for requires a current license registration or certification, proof of same will be required.)	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRES ON

Has your professional license ever been revoked or suspended? ☐ Yes ☐ No If yes, when and why?

EDUCATIONAL RECORD

EDUCATION WILL BE CONSIDERED ONLY TO THE EXTENT THAT IT IS RELEVANT TO THE JOB YOU ARE APPLYING FOR

HIGH SCHOOL	ADDRESS	9 10 11 12	DIPLOMA YES NO	
GED	ADDRESS		CERTIFICATE YES NO	
COLLEGE	ADDRESS	1 2 3 4	MAJOR	DEGREE OBTAINED YES NO
COLLEGE	ADDRESS	1 2 3 4	MAJOR	DEGREE OBTAINED YES NO
OTHER EDUCATION, SPECIAL COURSES, OR ACADEMIC HONORS				

LIST COURSES YOU ARE NOW ENROLLED IN WHICH RELATE TO THE POSITION(S) YOU ARE SEEKING, INDICATE WHERE ENROLLED.

NAME UNDER WHICH YOU WERE ENROLLED IF DIFFERENT FROM THAT SHOWN ON FRONT PAGE.

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER FIRST - EXPLAIN LAPSES IN EMPLOYMENT BETWEEN JOBS

ACCOUNT FOR ALL TIME UP TO THE PAST 10 YEARS. Include military service in the United States Armed Services, voluntary services related to the position you are seeking, and every period of unemployment. If self-employed, give firm name, business activities undertaken by you, and one business reference that we may contact. DO NOT EXCLUDE EMPLOYMENT, NO MATTER HOW SHORT A PERIOD. If you need more space, additional pages are available. As further explained below, by signing this application, you permit Bakersfield Behavioral Healthcare Hospital to contact all of your previous employers.

PRESENT OR MOST RECENT EMPLOYER, VOLUNTARY ORGANIZATION, OR BRANCH OF SERVICE		IF STILL EMPLOYED, MAY WE CONTACT? YES ☐ NO ☐	NAME UNDER WHICH YOU WORKED IF DIFFERENT FROM THAT SHOWN ON FRONT PAGE:	PHONE NO. ( ) EXT.
ADDRESS (Number, Street, City, State, Zip)			☐ FULL TIME ☐ PART TIME AV. HRS. WKLY. ______	
JOB TITLE	IMMEDIATE SUPERVISOR NAME: TITLE:		EMPLOYMENT DATES FROM	TO
NATURE OF DUTIES			(MONTH) (YEAR)	(MONTH) (YEAR)
REASON FOR LEAVING (Indicate resigned, discharged, etc. because of …)				

*** EXPLAIN TIME LAPSE HERE**

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PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION. AGREEMENT AND NOTICE.

I hereby certify that the information contained in this application form 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 whom the Company contacts, to provide the Company with 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 may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I understand the Company may request me to submit to a pre-employment/post-offer medical examination and drug and alcohol screening tests; and I hereby agree and consent to such examination and testing. I understand any offer of employment is contingent upon my successfully passing the examination and testing.

I understand the Company may request me to submit to a pre-employment/post-offer criminal background check; and I hereby agree and consent to such background check. I understand any offer of employment is contingent upon my successfully completing the background check.

I understand that employment is contingent upon my submitted documentary proof-of-identity and legal authorization to work in the United States, as required. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. This employer will provide the Social Sercurity Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 / E-verify to confirm work authorization.

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 its CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the CEO of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the CEO 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 my employment relationship and that there are no oral or collateral agreements regarding this issue.

I understand that if an employment relationship is established, the Company retains the absolute right to transfer, demote, and administer employee discipline at any time for any reason and that nothing contained in the Company's personnel policies or procedures can be construed to the contrary.

I further understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment are also conditioned on the satisfactory completion of a post-offer medical examination.

Date ______________________ Signature of Applicant ______________________________

EQUAL OPPORTUNITY EMPLOYER

Bakersfield Behavioral Healthcare Hospital

EEO APPLICANT FLOW DATA FORM

Dear Applicant:

Federal and state rules require that we keep applicant flow data in our records for statistical purposes. Employers are asked to solicit this information from applicants on a purely voluntary basis. The information is not used for any employment decision.

If you wish to provide this information, please do the following:

1. Do not place your name on this sheet.
2. Enter the date below.
3. Check the applicable boxes and enter your date of birth.

This form will not be kept with your employment application.

Today's Date: ____________________

Position Applied for: ____________________

I am:

__________ Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, Central or South American, or

__________ Not Hispanic or Latino

If you checked "Not Hispanic or Latino", please check one of the following racial/ethnic categories:

__________ American Indian or Alaska Native: a person having origins in any of the original peoples of North,

__________ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or

__________ Black or African American: a person having origins in any of the Black racial groups of Africa.

__________ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of

__________ White: a person having origins in any of the original peoples of Europe, the Middle East or North

__________ Two or More: a person who identifies with more than one of the above five races.

I am: __________ Female __________ Male