



AHMC Healthcare Inc.

EMPLOYMENT APPLICATION

AHMC HEALTHCARE, INC. ("AHMC") OFFERS EQUAL EMPLOYMENT OPPORTUNITY TO ALL APPLICANTS FOR EMPLOYMENT AND TO ALL EMPLOYEES REGARDLESS OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION, OR DISABILITY.

Last Name	First Name	Middle Initial	Have you ever used another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:	
Address (Number & Street)			City	State
Social Security Number _____			Driver License (Include State)	
Have you ever used another Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Home phone () ()		Message/Mobile phone () ()		Email Address
<p>Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you, after employment, submit proof of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the date, location, and disposition of your case. _____</p> <p>_____</p> <p>_____</p>				

Position Desired

1st Choice (Position & Department)	<u>Status</u>	<u>Shift</u>	<u>Days available to work</u>	
2nd Choice (Position & Department)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Variable	<input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday	<input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday

Are you currently or were you previously employed by any of the following? Yes No

If yes, please check the hospital and provide position and date employed. _____

<input type="checkbox"/> AHMC Healthcare Inc. (Corporate) <input type="checkbox"/> Garfield Medical Center <input type="checkbox"/> Monterey Park Hospital <input type="checkbox"/> San Gabriel Valley Medical Center	<input type="checkbox"/> AHMC Healthcare Inc. (Central Business Office) <input type="checkbox"/> Greater El Monte Community Hospital <input type="checkbox"/> Whittier Hospital Medical Center
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List any relatives employed by AHMC: Name _____ Relationship _____

Hospital _____

How were you referred to AHMC? School Walk in Ad Employee – Name: _____

Agency Internet Other: _____

Education / Training / Skills

Name of School and Address	No. of Years	Course or Major	Diploma/Degree

Professionals and technical applicants only

Professional License No.	Type of License	Place of Issue	Expiration Date

If you are licensed or certified, has your license or certificate ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification? Yes No

If yes, please give the date, location, and disposition of your case. _____

Please use the space below for any additional information necessary to describe your full qualifications (i.e. specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs).

Do you speak, read or write in any language other than English? Yes No

If yes, please describe _____

Employment History

Please list all present and past employment for the last ten (10) years, starting with your most recent employer. You must complete this section even if attaching a resume. Note: Attach additional page(s) if necessary.

Are you currently employed? Yes No

If yes, may we make inquiries with your current employer? Yes No

Name of Employer	Type of Business	Telephone Number
Address	City	State & Zip
Job Title	Supervisor's Name	Reason for Leaving
Dates of Employment	Beginning Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Name of Employer	Type of Business	Telephone Number
Address	City	State & Zip
Job Title	Supervisor's Name	Reason for Leaving
Dates of Employment	Beginning Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Name of Employer	Type of Business	Telephone Number
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Name of Employer	Type of Business	Telephone Number
Address	City	State & Zip
Job Title	Supervisor's Name	Reason for Leaving
Dates of Employment	Beginning Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly

Have you ever been terminated or asked to resign from any job? Yes No
(An affirmative answer will not be an automatic bar to employment)

If yes, please explain the circumstances _____

