



**DELTA
HEALTH**
Care

**EMPLOYMENT APPLICATION
DELTA HEALTH CARE
P.O. Box 550, Stockton, CA 95201**

Delta Health Care is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws

(PLEASE PRINT IN INK-COMplete ALL SIDES)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Social Security Number (If available)	
Alternate Number			
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other			

Are you legally eligible to work in the United States? YES [] NO []

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES [] NO []

(If no, you may be required to provide age verification and a valid work permit)

**Can you with or without reasonable accommodation perform the essential functions of this job?
(If you have any questions about the functions of the job, please ask the interviewer before answering this question.) YES [] NO []**

**Have you ever applied to Delta Health Care before? YES [] NO []
(If yes, please give date.) _____**

**Have you ever worked for Delta Health Care before? YES [] NO []
(If yes, please give date.) _____**

**Have you ever been convicted of a felony or misdemeanor?
(Only charges that have led to actual convictions need be noted. A conviction will not necessarily disqualify you from employment.) YES [] NO []**

If yes, please explain: _____



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Do you have a valid California Driver's License? YES [] NO []

Have you been convicted of any moving violations or sections of the vehicle code in the past five years? YES [] NO []

If yes, please explain: _____

Is anyone related to you employed by Delta Health Care? YES [] NO []

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES [] NO []

If yes, please explain. _____

On what date would you be available to work? _____
Days and hours available for work?

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)



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EMPLOYMENT HISTORY (*Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary.*)

Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

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Address		\$	
	Describe your duties:		
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Address		\$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

Describe any specialized training, apprenticeships, licenses or skills. Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known



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APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Delta Health Care (hereinafter referred to as "Delta Health Care") that such employment with Delta Health Care is at will, for no specified duration and may be terminated by either Delta Health Care or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Delta Health Care or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Delta Health Care except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of Delta Health Care.

In consideration for employment with Delta Health Care, if employed, I agree to conform to the rules, regulations, policies and procedures of Delta Health Care at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Delta Health Care business, attendance and punctuality are considered essential requirements of every job at Delta Health Care and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Delta Health Care, I may be required to submit to a pre-employment medical examination and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Delta Health Care and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____
Date _____



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Name and number of person completing this form if other than applicant:

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