



Employment Application

3742 "Աղեմար" Ատ գգ: "Ար' Ի Բեկեգ. 'ԷԿ"; 6355
 82 Leland Avenue, San Francisco, CA 94134
 2308 Taraval Street, San Francisco, CA 94116
 1715 Lundy Avenue, Suites 108-116, San Jose, CA 95131

Please return to:
 North East Medical Services
 Attn: Human Resources Dept.
 1520 Stockton Street
 San Francisco, CA 94133
 Tel: (415) 391-9686
 Fax: (415) 433-4726

North East Medical Services (NEMS) is an Equal Opportunity Employer

Personal Information

Last Name _____ First Name _____ Middle _____ Telephone (Day) _____

Social Security Number _____ Telephone (Evening) _____

Present Address _____
 Street _____ City _____ State _____ Zip _____

Permanent Address _____
 Street _____ City _____ State _____ Zip _____

Employment Desired

Position you are applying for? _____

Full Time Part Time Specify hours/days you are available to work: _____

If hired, date available to start _____

Salary Desired _____

Education and Skills

	Name & Location of School	Subject Studied	Did you Graduate?	Degree Earned
High School				
College				
Graduate School & Other Education				

Computer Skills: _____ Typing Speed (WPM): _____

List any office machines you can operate: _____

List other skills that are applicable: _____

Foreign Language (include dialects)		Reads <input type="checkbox"/>	Writes <input type="checkbox"/>	Speaks <input type="checkbox"/>
		Reads <input type="checkbox"/>	Writes <input type="checkbox"/>	Speaks <input type="checkbox"/>
		Reads <input type="checkbox"/>	Writes <input type="checkbox"/>	Speaks <input type="checkbox"/>

Employment History

List in chronological order for the past ten years, with the most recent employer first. (If more than 3, please attach a separate sheet.)

Name of Company	Complete Address	Telephone
Dates Employed	Position	Final Salary
Reason for Leaving		Name of Last Supervisor

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May we contact the employers listed above? Yes No If **No**, indicate which one(s) you do not wish us to contact and reason: _____

Professional Licenses / Certifications / Registrations – Attach copy of licenses.

Type	Number	State	Expiration Date

General Information

- Have you been previously employed by NEMS? Yes No
If **Yes**, when and what position? _____
- Do you have any relatives working for NEMS? Yes No
If **Yes**, state name and relationship _____
- How were you referred to NEMS?
 Internet Advertising Employee Referral Agency Other _____
Specify name of the referral source _____
- Do you have authorization to work in the U.S.? Yes No

Criminal Public Record Check

Have you ever been convicted of a crime? Yes No

“Crime” means misdemeanors and felonies regardless of age, including motor vehicle/driving violations. Do not include marijuana related misdemeanor convictions that occurred more than 2 years prior to the date of this application. “Convicted” means plea, verdict or finding of no contest or guilt, regardless of whether a sentence was imposed by the court; must include all court marshal convictions.

If Yes, for each conviction indicate: (Use separate sheet for additional cases)

Date	Crime	Court: Name	City	County
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Existence of convictions will not necessarily prevent consideration. However, failure to fully disclose is falsification and grounds for immediate termination upon discovery at any time during employment.

Are you presently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a criminal case now pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This includes cases pending trials, continued for hearings, cases where warrants are outstanding, and cases where you are released on your own recognizance.</i>	
If the position you applied for has access to drugs and medications, have you ever been arrested for an offense involving controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(CA Labor Code 432.7, CA Health and Safety Code 11590)</i>	
If the position you applied for has regular access to patients, have you ever been arrested for an offense involving sexual misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(CA Labor Code 432.7, CA Penal Code 290)</i>	

Professional References

Please provide the names of at least two persons (not relatives) whom we may contact. Both should have specific knowledge of your work experience.

Name	Address	
Telephone Number ()	Occupation	How does this person know you?
Name	Address	
Telephone Number ()	Occupation	How does this person know you?

Application Statement

NEMS makes employment decisions based on qualifications only, without regard to race, religion, color, national origin, sex, age, marital status, disability, U.S. military/veteran status, or other non-job related factors.

If I am offered employment, a physical examination either at NEMS or at my own primary provider’s office must be taken and satisfactorily passed. If I am under 18 years of age, the law requires that I show the necessary work permit authorization to the health care facility before I will be allowed to report to duty. Employment at NEMS is conditional upon providing proof of eligibility of employment pursuant to the Immigration Reform and Control Act of 1986.

I further understand that NEMS will verify the statements I have made regarding my academic background, employment history, and any criminal convictions which may be on my record. I authorize my past employers, schools, and the persons named as references to give NEMS pertinent work-related information about me. I also understand that all offers of employment are contingent upon receipt of satisfactory verification of all of the above information.

I certify that the answers given in this document are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given on this document and in the application process are subject to verification and that should I be employed at NEMS, any falsification, misrepresentation, or omission of facts are sufficient reasons for dismissal.

I verify that I have read, understand, and consent to the above.

Signature

Date

Please Print Name