



# Redwood Coast Medical Services, Inc.

An Equal Opportunity Employer

## EMPLOYMENT APPLICATION

*Please save a copy of this fillable form to your device. As you fill in the information, be sure to save your changes before submitting. The submit button is located at the bottom of page 6.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Email Address: \_\_\_\_\_

### **Employment Desired:**

Position applying for: \_\_\_\_\_  
\_\_\_\_ Gualala Medical Clinic      \_\_\_\_ RCMS Dental      \_\_\_\_ Pt. Arena Health Center

Are you applying for:

Regular full-time work?  Yes  No

Regular part-time work?  Yes  No

Temporary work e.g. summer or holiday work?  Yes  No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

\_\_\_\_\_

Are you available to work overtime if necessary?  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired? \_\_\_\_\_

**Personal Information**

Have you ever applied or worked for RCMS before?  Yes  No

Do you have any friends or relatives working for RCMS?  Yes  No

If yes, state name(s) and relationship: \_\_\_\_\_

Why are you applying for work at Redwood Coast Medical Services?

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old?  Yes  No  
(If under 18, hire is subject to verification that you are of legal minimum age)

If hired, can you present evidence of your legal right to work in this country?  Yes  No

Are you able to perform all other duties of the job for which you are applying with or without accommodation?  Yes  No

If no, describe the functions that cannot be performed:

(Note: we comply with the ADA and consider reasonable accommodation measure that may be necessary for eligible applicants/employees to perform essential functions)

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No

**Education, Training and Experience**

High School Graduate or General Education (GED) Passed?  Yes  No

If not completed, list highest grade completed: \_\_\_\_\_

**College/University**

<b>Name</b>	<b>Location</b>	<b>Dates Attended</b>	<b>Degree Received/Year</b>	<b>Major</b>

**Vocational Training /Experience/Certification**

<b>Name</b>	<b>Location</b>	<b>Dates Attended</b>	<b>Degree Received/Year</b>	<b>Major</b>

Many of our clients do not speak English. Do you speak, write or understand any foreign languages?

Yes     No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experiences, training qualifications or skills which you feel makes you especially suited for work at Redwood Coast Medical Services? If so, please explain.

Answer the following questions if you are applying for a professional position.

Are you licensed/certified for the job applied for?  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_ License/Certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

**Work History**

Name of Employer	Type of Business	Position and Duties	Dates of Employment

**Military Service**

Have you obtained any special skills or abilities as the result of services in the military?  Yes  No

If yes, describe: \_\_\_\_\_

**References**

List below three persons not related to you who have knowledge of your work performance.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

**Continued below ↓**

**Please read carefully, initial each paragraph, and sign below**

I hereby certify that I have not knowingly withheld any information that might adversely affect my change for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before the discovery.

**Initials** \_\_\_\_\_

I hereby authorize RCMS to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to RCMS any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release RCMS, my former employer and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

**Initials** \_\_\_\_\_

I hereby agree to submit to binding arbitration all disputes and claims arising out the submission of this application. I further agree, in the event that I am hired by RCMS, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with RCMS, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and there are no other agreements as to dispute resolution, either oral or written.

**Initials** \_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and RCMS. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or RCMS, and that no promises or representations contrary to the foregoing are binding on RCMS unless in writing and signed by me and RCMS' designated representative.

**Initials** \_\_\_\_\_

---

**Applicant Signature**

---

**Date**

Be sure to save your form before submitting.