



# Application For Employment

## OmniFamilyHealth

4900 California Ave. Ste. 400B Bakersfield, CA 93309  
 PO BOX 1060, Shafter, CA 93263  
 Human Resources FAX (661) 459-1974 • TDD (800) 735-2929

### INSTRUCTIONS TO APPLICANTS

**THIS FORM MUST BE TYPED OR PRINTED LEGIBLY. CHANGING OR REFORMATTING OF THIS DOCUMENT IN ANY WAY MAY DISQUALIFY THE APPLICANT FROM CONTINUED AND OR FUTURE EMPLOYMENT OPPORTUNITIES WITH OMNI FAMILY HEALTH ("OFH").**

**Please be advised that your signature below will result in authorizing OFH to obtain personal and confidential information regarding your employment history, immigration status, financial history, state and federal criminal background, and other information not necessarily available to the public. If you wish to be provided with a copy of such report(s), please indicate below.**

#### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- LIST THE SPECIFIC POSITION AS SHOWN ON THE EMPLOYMENT OPPORTUNITY BULLETIN FOR WHICH THIS APPLICATION IS BEING SUBMITTED.
- APPLY FOR ONE VACANCY PER APPLICATION.
- YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION TO BE CONSIDERED FOR EMPLOYMENT
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

#### AN EQUAL OPPORTUNITY EMPLOYER

**IT IS THE POLICY OF THIS ORGANIZATION TO PROVIDE EMPLOYMENT, TRAINING, COMPENSATION, BENEFITS, PROMOTION AND OTHER CONDITIONS OF EMPLOYMENT WITHOUT REGARD TO RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, DISABILITY, MEDICAL CONDITION, MARITAL STATUS, SEX, AGE, SEXUAL ORIENTATION OR VETERAN STATUS. MOREOVER, HARASSMENT AND DISCRIMINATION BASED ON ANY CHARACTERISTIC PROTECTED BY LAW IS STRICTLY PROHIBITED.**

GENERAL DATA					Date of Application
<b>Please Print</b>					
Last Name		First Name		Middle Name	
Address (Street number and name)				City	
State	Zip Code	Phone (Home or where you can be reached)	Business Phone	Email Address	
Is your age at least 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		If not a U.S. Citizen, do you have the legal right to work in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO			

JOB INTEREST	
Position Applying For?	Have you ever been employed by this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>When?</b> Location: _____ Name during previous employment (if different): _____
What is your desired pay rate? _____	How did you hear about this opening? _____
CHECK the types of work you will accept: <input type="checkbox"/> 1. Full-time <input type="checkbox"/> 2. Part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel	
Please list what site(s) you are interested in working? <input type="checkbox"/> Delano <input type="checkbox"/> Lost Hills <input type="checkbox"/> Shafter <input type="checkbox"/> Rosedale <input type="checkbox"/> Tehachapi <input type="checkbox"/> Brimhall <input type="checkbox"/> Wasco <input type="checkbox"/> Buttonwillow <input type="checkbox"/> Taft <input type="checkbox"/> Oildale <input type="checkbox"/> Ridgecrest <input type="checkbox"/> Panama <input type="checkbox"/> Ming	
Are you related by blood or marriage to any person presently employed by OFH? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you.	

## PERSONAL DATA

**Have you ever been suspended or discharged from any position?**  YES  NO If yes, please explain on separate sheet of paper the circumstances of such suspension or discharge.

**Are you able to perform the essential job functions with or without reasonable accommodation of this position?**  YES  NO

**Are any criminal charges currently pending against you?**  YES  NO If yes, please explain on separate sheet of paper.

**Have you been convicted of a felony or misdemeanor within the last seven (7) years?**  YES  NO

If yes, please explain on separate sheet of paper the circumstances surrounding such conviction. Please note that a conviction is not an automatic bar to employment.  
**All applicants:** Do not respond "yes" concerning the following: arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; convictions that occurred more than ten (10) years ago; misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; and first convictions for misdemeanors of drunkenness, simple assault, speeding, minor traffic violations, or disturbances of the peace or misdemeanor convictions where five (5) or more years have elapsed between the application date and the date of conviction or completion of incarceration, whichever is later.

## PERSONAL DRIVING RECORD

(Please complete: Operation of a motor vehicle will be required in the course of applicant's employment if hired.)

**Has your driver's license ever been revoked or suspended?**  YES  NO If yes, please explain on separate sheet of paper

**Within the past five years, have you had a vehicle accident / Been convicted of reckless or drunken driving? If yes, give dates:**  YES  NO

**Dates:** \_\_\_\_\_  
**Is your driver's license restricted?**  YES  NO If yes, please explain on separate sheet of paper

## EDUCATION

**Select highest education level completed**     Elementary     High School/GED     Some College     Trade School  
 Associates Degree     Bachelors Degree     Graduate Degree     Post Graduate

Schools	Name and Location	Grad?	Major/Minor Course Work	Type of Degree Received
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>		
College(s) University (s)		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other educational, vocational school, internships, etc.		YES <input type="checkbox"/> NO <input type="checkbox"/>		

Special training programs and seminars you have completed in the last five years (list):

If the job applied for calls for specific courses, indicate those courses taken and credits received:

**Licenses and certifications (List, giving dates and sources of issuance):**

License Type: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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Membership in professional, honorary, or technical societies (list):

<b>SKILLS</b> CHECK the following skills, experiences, etc., which you have: <input type="checkbox"/> Ten Key (specify KSPM) _____ <input type="checkbox"/> Typing (specify WPM) _____ <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____	<b>Please Indicate any languages you speak, read and/or write</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 60%;">Language</th> <th style="width: 10%;">Speak</th> <th style="width: 10%;">Read</th> <th style="width: 10%;">Write</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Language	Speak	Read	Write												
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## EMPLOYMENT HISTORY

Please list the last ten years of employment beginning with your current or most recent position. Use additional sheets if necessary using the same format. Account for any gaps in employment (unemployed, volunteer work, etc). Resumes are viewed as supplemental information and may not be submitted in lieu of any part of this section. An incomplete application may disqualify an applicant from consideration.

Current or Last Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number
Date Employed (mo/yr)	Starting Salary \$	Ending or Current Salary \$ per	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>			
Reason for leaving:			

Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number
Date Employed (mo/yr)	Starting Salary \$	Ending or Current Salary \$ per	
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May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>			
Reason for leaving:			

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May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for leaving:	

PROFESSIONAL REFERENCES		
<b>List three persons not related to you who may be contact by OFH personnel</b>		
Name:	Occupation/Company:	Telephone #: (    )
Name:	Occupation/Company:	Telephone #: (    )
Name:	Occupation/Company:	Telephone #: (    )

HOW DID YOU LEARN ABOUT US?		
Advertisement:	Relative:	Inquiry at Site:
Employment Agency:	Friend:	Other:

<p><b>By signing below:</b>  I hereby certify that the all statements made on this application and all other documents I have submitted in support of my application are true and correct to the best of my knowledge. I understand that all provided information in this application for employment is subject to verification as may be essential in arriving at an employment decision and that any false or misleading information given in my application or interview(s) may be cause for disqualification from further consideration or termination if such information is determined after employment. The application materials include this document and any other materials submitted. I am aware that this application for employment shall be considered active for a period of time not to exceed 90 days and that any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.</p>	
<hr/> Signature of Applicant (unsigned applications will not be processed)	<hr/> Date

## FOR PERSONNEL DEPARTMENT ONLY

Arranged Interview <input type="checkbox"/> YES <input type="checkbox"/> NO	Interviewer(s)		
Remarks			
<hr/>			
Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	Position	Department	Hourly Rate/Salary
Reviewed by:			Date



## Disclosure and Authorization to Release Information OmniFamilyHealth

I understand that in connection with my application for employment (including contracts for services), Omni Family Health (OFH) will need to research and verify the information that I have provided. I hereby authorize OFH and/or any entity directed by OFH prior to or at any time after my employment commences to obtain a report for employment purposes. I understand this report may include inquiries regarding my work history; court records, including criminal convictions record, as permitted by law; driving history; verifications of Social Security number and references obtained from professional and personal associates.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to OFH or other entities that obtains information for OFH. I further fully release OFH, its employees, officers, directors, agents, successors and assigns, and all other parties involved in the investigation, from any claim or action for any liability whatsoever related to the process or results of the background/reference investigation.

I understand results of my background check may be used in determining whether to make an offer of employment and other employment decisions, and that the Disclosure Authorizations is not an offer for employment by OFH or a contract with OFH. I further understand that no representative of OFH other than the Chief Executive Officer has the authority to enter into any agreement for employment for any specified period of time, or to otherwise alter OFH's At-Will Employment Policy.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
POSITION APPLIED FOR

## Authorization to Release Information for Background Check

All of the following information is required for identification and accuracy. This information is strictly confidential

**Please type or print clearly and legibly**

Last Name	First Name	Middle Name	Jr., Sr., III, etc.
Date of Birth	Social Security Number	Driver's License #	State

Other names you have used or are also known by:

### Residential Addresses for the last seven years beginning with your current address:

Address (Street number and name)	Apt. /Space. #	City	State	Zip Code

I, the undersigned, understand and agree that Omni Family Health, "Employer", has engaged the services of Premium Credit Bureau, a Consumer Reporting Agency, to perform a background investigation in connection with my application for employment.

Premium Credit Bureau will produce a written or verbal report (Background Check) of information received from various sources which may include but not be limited to courts, credit reporting agencies, employers, Department of Motor Vehicles, educational institutions, worker's compensation records, military records and personal and professional references. I authorize the release of any and all information requested by Employer and Premium Credit Bureau.

I further authorize and consent to a background check and understand that it may contain information about my background, mode of living, character, personal characteristics, and general reputation.

This authorization, in original or copy form, shall be valid for one year from the date shown below. I understand that I will be notified by Employer if employment is denied because of information contained in the background check. I understand that, if requested within 60 days, I will be given a copy of the background check and that this request may be directed to: Premium Credit Bureau, 4800 Stockdale Hwy. #312, Bakersfield, CA. 93309 Tel. 800-322-8825. I understand that California residents automatically receive a copy of the report within seven days of delivery to Employer and that residents of all other states automatically receive a copy of the report if adverse action is taken or upon request as outlined above.

Check here if you would like a copy of the background check.

I hereby release Employer and its agent, Premium Credit Bureau, and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the request for or release of any information or reports.

_____ Signature of Applicant	_____ Date
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## Equal Employment Opportunity Data

This form will assist Omni Family Health and its commitment to Equal Employment Opportunity. Completion of this form is entirely **voluntary**, and all information will remain confidential and will not affect your application for employment. This form will be separated from the application prior to the interview and will not be used in any employment decision. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name:

Position:

Date:

### Gender

Male       Female

### Ethnic Group:

- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- Asian (including Pacific Islander)
- American Indian (including Alaskan native)

### Veteran Status:

- Not a veteran
- Recently separated veteran
- Vietnam era veteran

**DISABLED**—A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition. The reporting of a disability is strictly **VOLUNTARY**

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

**Equal Opportunity Employer**