

Property of
Antelope Valley Community Clinic



EMPLOYMENT APPLICATION

CONFIDENTIAL DOCUMENT

CONFIDENTIAL DOCUMENT MANAGEMENT

Employment applications contain confidential information.

Managers and Supervisors understand the importance of controlling access to applications in their care and the sensitive and confidential nature of the information contained in them.

Every candidate and new employee is required to complete an application.

We do not provide copies of candidates' applications to other companies or colleagues outside of our company.

Application for Employment

Antelope Valley Community Clinic

Antelope Valley Community Clinic is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, gender, gender identity and expression, sexual orientation, age, physical or mental disability, medical condition, military status, uniform service member status, genetic information, marital status, pregnancy, driver's license, or any other legally recognized protection basis under federal, state, or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity and maintain employment statistics on applicants. Every candidate and new employee is required to complete an application. We do not provide copies of candidates' applications to other companies or colleagues outside of our company.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Antelope Valley Community Clinic. Additionally, please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

Position Desired		Date of Application	
Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date Available to Work	
Referred by (if applicable)			

APPLICANT INFORMATION

Last Name		First Name		Middle	
Street Address			City, State, ZIP		
Best Number	()	Alternate Contact	()	E-Mail Address	

Have you ever worked for Antelope Valley Community Clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please give dates of employment and position title:
Have you ever filed an Application for Employment with Antelope Valley Community Clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please give date:
For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please provide other names and explain:
Have you ever been terminated or asked to resign from any job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please explain the circumstances:
If hired, can you furnish proof that you are over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have reliable transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the positions for which you are applying, either with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you bound by provisions of a non-compete, proprietary, or confidentiality agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , for how long?
Is there anything you wish to avoid in a new job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please explain:

EMPLOYMENT HISTORY

Please list the names of your present or previous employers in chronological order with present or last employer listed first. If self-employed, give firm name and supply business references. Add additional page(s) if necessary.

#1

Previous Employer Name:		Address		
Phone Number		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>No</u> , please explain:
Job Title or Position		Date Employment Began		Date Employment Ended
Job Responsibilities				
Supervisor's Name and Title		Supervisor's Phone Number <u>and</u> E-mail		
Reason for Leaving				

#2

Previous Employer Name:		Address		
Phone Number		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>No</u> , please explain:
Job Title or Position		Date Employment Began		Date Employment Ended
Job Responsibilities				
Supervisor's Name and Title		Supervisor's Phone Number <u>and</u> E-mail		
Reason for Leaving				

#3

Previous Employer Name:		Address		
Phone Number		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>No</u> , please explain:
Job Title or Position		Date Employment Began		Date Employment Ended
Job Responsibilities				
Supervisor's Name and Title		Supervisor's Phone Number <u>and</u> E-mail		
Reason for Leaving				

EDUCATIONAL BACKGROUND

	Name and Address of Institution	Course of Study/Specialized Training or Skills	Years Completed (Circle)	Diploma or Degree Obtained
High School			1 2 3 4	
College or Vocational School			1 2 3 4	
Advanced Degree			1 2 3 4	
Other (Specify)				

PERSONAL REFERENCES

Please list persons who know you well who are not previous employers or relatives.

Name		Address	
Occupation		Telephone Number	()
# Years Known		E-mail Address	

Name		Address	
Occupation		Telephone Number	()
# Years Known		E-mail Address	

Name		Address	
Occupation		Telephone Number	()
# Years Known		E-mail Address	

OTHER SKILLS

Please indicate any actual experience, special training and qualifications you may have that you believe to be relevant to the position for which you are applying.

APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED IS OPEN, OR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. **I CERTIFY UNDER PENALTY OF PERJURY OF THE LAWS OF THIS STATE AND OF THE UNITED STATES THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.**

X

Signature of Applicant

Date

APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment with Antelope Valley Community Clinic, I will comply with all rules and regulations of Antelope Valley Community Clinic ("Employer").

Conditions of Hire: I understand that Employer reserves the right to require me to submit to a test for the presence of alcohol or drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent on passing of a physical examination and a test for the presence of alcohol or drugs in my system, performed by a doctor selected by Employer. Further, I understand that at any time after I am hired, Employer may require me to submit to a physical examination and an alcohol and drug test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed. I understand employment with Antelope Valley Community Clinic is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

Authorization for Background Verification: I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

Statement of Full Disclosure: I hereby state that all the information I provided on this application or any other documents completed in connection with my employment application, and in any interview are true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Employer and any such information is later found to be false or incomplete in any respect, I may be dismissed.

At-Will Employment: If hired, I agree as follows: My employment and compensation is terminable At-Will, is for no definite period, and my employment and compensation may be terminated by either the Employer or me at any time and for any reason whatsoever, with or without good cause. This is the entire agreement between the Employer and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Employer, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after I am hired do not alter this Agreement.

Introductory Period: If employed, I may be subject to an Introductory Period at the beginning of my employment in order that both the Employer and I evaluate my suitability for the position hired. The Introductory Period may be extended or be reimposed at any point in my employment. The existence of the Introductory Period does not alter, amend or remove the Employer's At-Will employment policy.

Nepotism Policy: Relatives, roommates, and romantic relations of current employees of Antelope Valley Community Clinic may not work in a direct reporting relationship with such current employees, excluding relatives of persons with an ownership interest in Antelope Valley Community Clinic. If you receive a conditional offer of employment, you may be asked to identify any relative, roommate, or romantic relation who is a current employee of Antelope Valley Community Clinic. For purposes of this policy, "relative" is defined as any person who is related by blood or marriage, or whose relationship with the employee is similar to that of people who are related by blood or marriage; "roommate" is defined as any person who resides with the employee, regardless of affiliation; and "romantic relation" is defined as any person who is engaged in a relationship of a romantic nature with the employee.

Arbitration: I further agree and acknowledge that the Employer and I will utilize binding arbitration to resolve all disputes that may arise out of the employment or pre-employment context. Both the Company and I agree that any claim, dispute, and/or controversy that I may have against the Employer (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or that the Employer may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Employer shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Section 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or as may otherwise be required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, motions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. Any dispute concerning the validity, enforceability, scope or interpretation of this Agreement, or concerning the arbitrability of a particular claim, shall be resolved by a court of law of competent jurisdiction. **I understand and agree to this binding arbitration provision, and I and the Company both give up our rights to trial by jury of any claim I or the Company may have against each other.**

Severability: If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK AN EMPLOYER REPRESENTATIVE BEFORE SIGNING. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS AND AGREEMENT.

I hereby acknowledge that I have read and understand the above statements and agree to the same.

X 
Signature of Applicant **Date**



DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Antelope Valley Community Clinic ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Antelope Valley Community Clinic to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA

You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.



Personal Data

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____		_____
_____		_____
_____		_____
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
Social Security Number	Driver's License #	State

Email address (may be used for official correspondence)		

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

_____	_____	_____
Printed Name	Applicant Signature	Date



ADDITIONAL STATE LAW REQUIREMENTS

WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:

Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:

We will be obtaining a consumer report from IntelliCorp Records, Inc.; 3000 Auburn Dr; Suite 410; Beachwood, OH 44122; 1-888-946-8355. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.