

# PALM DRIVE HEALTH CARE DISTRICT

## PALM DRIVE HOSPITAL

501 Petaluma Avenue  
Sebastopol, CA 95472  
Phone: 707-823-8511  
Fax: 707-829-4125

[www.palmdrivehospital.org](http://www.palmdrivehospital.org)

## APPLICATION FOR EMPLOYMENT

### BEFORE YOU START PLEASE READ

#### APPLICATION INSTRUCTIONS

1) To submit an application electronically, save this form (PDF) to your computer, complete and submit via email to [jobs@palmdrivehospital.com](mailto:jobs@palmdrivehospital.com). **NOTE:** You must save the form to your computer before filling in your information.

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2) Print application, complete and fax or mail:

**Fax:** (707) 829-4125

**Mail to:** Human Resources Office  
501 Petaluma Avenue  
Sebastopol, CA 95472.

- ◆ You may apply for as many positions as you would like on this application.
- ◆ After you apply for a position, your application will be reviewed and referred to the hiring manager.
- ◆ If your qualifications meet our requirements, the hiring manager will contact you for an interview.
- ◆ Any questions regarding salary ranges, job descriptions, and union affiliation will be addressed during the interview process.
- ◆ All positions are posted for a minimum of five days and remain open until filled.



**SKILLS:** List the skills and licenses (including numbers) you possess that are relevant to the position you seek. Use additional paper if needed.

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Do you have any other skills that you believe would benefit Palm Drive Health Care District? Please list.

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**FORMER EMPLOYERS:** (List employers below, most recent first, and describe employment for the last **five years**. Indicate periods of unemployment and the reason(s). Use the back of this form if necessary.)

Date (Month & Year)	Employer's Name and Address and Supervisor's Name	Hourly Rate/ Salary	Position and Duties	Reason for Leaving
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From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**GENERAL:** Have you ever been convicted of a felony or a misdemeanor? (*Do not include any conviction under Health & Safety Code Sections 11357(a) or (b), 11360(c), 11364, 11365 or 11550 related to marijuana dated more than two years ago, or any post-trial diversion program, or any legally expunged conviction.*) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Are you currently awaiting trial for any criminal offense? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Have you ever initiated an act of violence in your workplace? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

A "yes" answer will not necessarily disqualify you. Please explain any "yes" answer fully so that individual circumstances can be considered. Use additional paper if needed.

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If employed, can you produce verification of your legal right to work in the United States? (New employees are required to produce documents that verify their legal right to work in the United States and to declare under penalty of perjury that these documents are their own and genuine.) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Have you previously worked for or applied for a position with Palm Drive Health Care District either as an employee or through an employment agency? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If yes, please explain when and, if employed, in what position: \_\_\_\_\_

What prompted you to apply here? \_\_\_\_\_

If you were referred, please state by whom: \_\_\_\_\_

**REFERENCES:** (Give the names of three persons whom you have known for at least one (1) year and who have personal knowledge of your work skills and history. Do not include any relative unless the relative was your employer or manager and is so identified.)

Name and Address	Business and Telephone #	How Long Acquainted?
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I, the undersigned, authorize the above-named references to respond to Palm Drive Health Care District's request for confirmation of the information in this application, and for information about my skills, work history, reliability, honesty and any tendency to behave violently or in an unsafe, harmful or threatening matter. I hereby release the above-named references from all liability arising therefrom.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

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I request and authorize investigation by Palm Drive Health Care District of all statements contained in this application. I understand that falsification (including misrepresentation or omission of facts called for) will result in immediate removal of my application from consideration or immediate discharge from employment arising from this application regardless of when such falsification is discovered. I request and authorize Palm Drive Health Care District to secure information related to this application and my experience, certification and/or licensure from former employers, educational institutions, sources of certification or licensing, and governmental/judicial agencies. I authorize those parties to provide such information to Palm Drive Health Care District and release them and Palm Drive Health Care District from any liability arising therefrom. I specifically request, authorize and consent to Palm Drive Health Care District's thorough investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. Palm Drive Health Care District has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment. I request, authorize and consent to the foregoing parties to provide the requested information to Palm Drive Health Care District and release them and Palm Drive Health Care District from any liability arising therefrom.

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

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Palm Drive Health Care District's policy is to fill every position without regard to considerations made unlawful by federal, state or local laws, such as race, color, religion, creed, sex, marital status, age over 40, national origin, ancestry, physical or mental disability, sexual orientation, medical condition, or any other consideration made unlawful by federal, state or local laws. Palm Drive Health Care District is an equal opportunity employer and selects employees on the basis of ability, experience, training, and character. Please contact the Board of Directors of Palm Drive Health Care District if you have any questions or complaints regarding this policy.

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**PLEASE NOTE:** You should not rely upon a contingent offer of employment from Palm Drive Health Care District or otherwise engage in any activity based upon a contingent offer of employment. Unless or until an offer of employment is made that has no contingencies, you should not take any action that could result in financial loss if a contingent offer is withdrawn, such as giving notice of intent to terminate current employment, selling real estate, or incurring any other costs associated with accepting employment with Palm Drive Health Care District. No such activity should be undertaken until after you have been informed by Palm Drive Health Care District that the employment offer is no longer contingent.

**APPLICANT'S CERTIFICATION AND AGREEMENT**  
*PLEASE READ CAREFULLY AND SIGN*

If I am employed by Palm Drive Health Care District, I agree to conform to the rules and regulations of Palm Drive Health Care District. I also understand and agree that, except for employment at-will status, my wages, hours, working conditions, job assignment(s) and compensation rate(s) are subject to change by Palm Drive Health Care District. I understand that my employment can be terminated, with or without cause and with or without notice, at any time at the option of Palm Drive Health Care District or myself. I understand that, other than the Board of Directors of Palm Drive Health Care District, no manager, supervisor or representative of Palm Drive Health Care District has authority to enter into any agreement for employment for any special period of time, or to make any agreement contrary to the foregoing. Only the officers of Palm Drive Health Care District have the authority to make any agreement contrary to the foregoing and then only in writing.

My signature below certifies that I agree to the employment at-will relationship and agree to be bound by the terms and conditions of employment stated in this application if I am employed by Palm Drive Health Care District. This application contains all the understandings and agreements between me and Palm Drive Health Care District concerning the nature of my employment, if any, by Palm Drive Health Care District and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and Palm Drive Health Care District. I understand and agree that no person who is either an agent or employee of Palm Drive Health Care District may modify, delete, vary, or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

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DATED

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SIGNED

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PLEASE NOTE: Palm Drive Health Care District considers applications for only a 30-day period.  
If you wish to be considered after 30 days from the date of your application, please reapply.

## **IMPORTANT NOTICE TO APPLICANT:**

### **PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. YOU WILL BE PROVIDED WITH A COPY OF THIS FORM AT ANY TIME UPON REQUEST**

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#### **NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICATIONS AND EMPLOYMENT PURPOSES**

This form, which you should read carefully, has been provided to you because Palm Drive Health Care District may request consumer reports or investigative consumer reports in connection with your application for employment or during the course of your employment with Palm Drive Health Care District, if any, for other employment-related purposes.

Palm Drive Health Care District recognizes the importance of maintaining a safe workplace with honest, trustworthy, qualified, reliable and non-violent employees who do not present a risk of serious harm to their co-employees or others. For the benefit of all employees and the District, in furthering these interests and enforcing the District's policies, the District may perform applicant background checks and employee investigations. These background checks and investigations may be performed by the District in whole or in part, in the District's discretion.

The District's applicant background checks and employee investigations may also include the use of consumer reporting agencies to gather and report information to the District in the form of consumer or investigative consumer reports regulated by federal law. Such reports, if obtained, will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Federal law defines a "consumer reporting agency" as any person (or entity) which for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing reports to third parties. The District is not a consumer reporting agency.

The types of reports that may be requested from consumer reporting agencies under this policy include but are not limited to credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

If the District requests an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive such a notice if the investigation is performed by the District or a person or entity other than a consumer reporting agency.

If any adverse decision is made with regard to your application for employment or subsequent employment with the District, if any, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you will be notified and given a copy of the report, as well as a summary of your applicable rights. If you have ever filed for bankruptcy, no employment decision will be based solely on this information.

Your consent is required by law before the District may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your application for employment and thereafter, during the course of your employment, if any, in the District's discretion. Your signature below indicates that you have carefully read and understand that the District may request and review a consumer report or investigative consumer report regarding you, consistent with this policy, both in connection with your application for employment and during the course of your employment, if any, and that you consent to the release of such consumer reports or an investigative consumer reports to the District for employment purposes, including any future decisions concerning your employment, promotion, reassignment or retention as an employee of Palm Drive Health Care District. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it (cancel it) in writing, as described below.

Limitations on the District's ability to conduct lawful investigations of applicants and employees for purposes of promoting a safe workplace and otherwise maintaining an honest, trustworthy, qualified, reliable, and non-violent workforce, are not acceptable. Palm Drive Health Care District employees are consequently expected to maintain their consent to the District's potential use of consumer and investigative consumer reports in keeping with this policy and are otherwise expected to cooperate fully with the District's lawful efforts to obtain such information. Refusal to consent to a consumer report or investigative consumer report as required by this notice and the District's policies, or any other attempt to interfere or failure to cooperate with the District's lawful investigation of an applicant or employee, may result in rejection of an application, withdrawal of an offer of employment or discipline up to and including termination from employment.

## **CONSENT STATEMENT**

Palm Drive Health Care District recognizes the importance of maintaining a safe workplace with employees who are honest, trustworthy, qualified, reliable and non-violent, and who do not present a risk of harm to their co-employees or others. For purposes of furthering these concerns and interests, before hiring a person Palm Drive Health Care District reserves the right to investigate the applicant's employment history, personal references and educational background, as well as other relevant information that is reasonably available to Palm Drive Health Care District. In hiring for certain positions, Palm Drive Health Care District may review an applicant's credit report and criminal background, if any. Consistent with these practices, all job applicants will be asked to sign an agreement requesting, authorizing and consenting to release of information to Palm Drive Health Care District and releasing all concerned from liability for disclosure of information. Consistent with legal requirements, Palm Drive Health Care District reserves the right to exclude any applicant from consideration for employment if the applicant refuses to sign this agreement as requested.

Palm Drive Health Care District's policies regarding hospital property, security, privacy, and searches, and its drug-free workplace policy, provide further information about Palm Drive Health Care District's discretion to investigate employees and mandatory employee reporting obligations. After receiving an offer of employment, any job applicant who wishes to review these policies before deciding whether to accept employment may do so by contacting the Director of Human Resources.

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to Palm Drive Health Care District in conjunction with my application for employment. I further understand that this consent will apply during the course of my employment with Palm Drive Health Care District, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so by sending a signed letter or statement to Palm Drive Health Care District, Human Resources Director at 501 Petaluma Ave., Sebastopol, CA 95472, indicating that I revoke my consent to the District's obtaining consumer reports or investigative reports about me for employment purposes. I further understand that any and all information contained in my job application or otherwise disclosed to Palm Drive Health Care District by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by Palm Drive Health Care District, and I confirm that all such information is true and correct. I understand and acknowledge that nothing in this Notice and Consent is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the District, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the District.

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Name of Applicant (Printed)

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Social Security Number (optional)

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Applicant Signature

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Date