

Application for Employment

The Company Is An Equal Opportunity Employer

All applicants for employment are required to complete and submit this Employment Application.

The Company does not discriminate on the basis of sex, age, color, race, religion, marital status, national origin, ancestry, sexual orientation, physical & mental disability, medical condition, genetic information, veteran status, or any other basis protected by federal, state or local law.

Applicant Information

LEGAL NAME

Last _____ First _____ Middle _____

HAVE YOU EVER WORKED UNDER ANOTHER NAME? YES NO

IF YES, UNDER WHAT NAME(S): _____

COMPLETE HOME ADDRESS include PO Box, Apt. #, etc.

Street _____ City _____ County _____ State _____ Zip Code _____

HOME PHONE _____ BUSINESS OR OTHER PHONE _____

E-MAIL ADDRESS _____

Position Applying For

JOB TITLE/TYPE OF WORK _____ DESIRED SALARY _____ AVAILABLE START DATE _____

If necessary, are you available to work any of the following?

Overtime Holidays Work schedule other than M-F

YES YES YES

NO NO NO

HOW DID YOU LEARN ABOUT THIS OPENING? _____

DESIRED EMPLOYMENT: Full-Time Part-Time Temporary

HAVE YOU WORKED FOR OR APPLIED FOR A POSITION AT THE COMPANY BEFORE? YES NO

If yes, what position(s)? _____

DO YOU HAVE ANY RELATIVES WORKING HERE? YES NO If yes, who:?: _____

IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES NO

ARE YOU OVER 18 YEARS OF AGE? YES NO IF UNDER 18, DO YOU HAVE A WORK PERMIT? YES NO

Education Begin with most recent college/university/technical school

NAME OF EDUCATIONAL INSTITUTION/LOCATION	MAJOR	NO. OF YEARS	GRADUATE	DIPLOMA/DEGREE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

ANY PROFESSIONAL DESIGNATIONS, TRAINING, PATENTS, PUBLICATIONS, COMPUTER SKILLS RELATED TO THE JOB SOUGHT:

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Security

Criminal background checking will be addressed at a later stage in the candidate process in keeping with and to the extent allowed by applicable law.

For Florida applicants ONLY:

(1) Have you ever been a defendant in a civil action for intentional tort? (An intentional tort is a civil wrong resulting from an intentional act. Examples of an intentional tort include assault, battery, false imprisonment, and intentional infliction of emotional distress.)

YES NO

(2) If yes, please describe the nature of the intentional tort and the disposition of the action.

COMPLETE ALL JOB HISTORY REGARDLESS OF RESUME ATTACHMENT

Employment History List current/most recent position first (attach additional sheets if necessary).

NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED From _____ To _____
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting _____ Final _____
MANAGER'S NAME	MANAGER'S TITLE	PHONE _____
REASON FOR LEAVING:		
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED From _____ To _____
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting _____ Final _____
MANAGER'S NAME	MANAGER'S TITLE	PHONE _____
REASON FOR LEAVING:		
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED From _____ To _____
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting _____ Final _____
MANAGER'S NAME	MANAGER'S TITLE	PHONE _____
REASON FOR LEAVING:		

References: List three people (other than relatives) who are in a position to evaluate your previous employment performance, preferably former supervisors or people with whom you have worked. (If applying for a supervisory position, please include one subordinate.)

NAME	TITLE	COMPANY	PHONE
NAME	TITLE	COMPANY	PHONE
NAME	TITLE	COMPANY	PHONE



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Please read the below carefully and then initial next to each paragraph.

Please sign and date in the space provided at the bottom of this page.

APPLICANT'S INITIALS

CERTIFICATION AND RELEASE

_____ I authorize the Company to verify, in any manner, all statements made by me. The Company may, for example, interview former employers, co-workers, schools, references, or others and request information and supporting documentation such as transcripts and evaluations.

_____ I authorize any and all former employers, references, or educational institutions to release all information relevant to my employment or education to the Company, without giving me prior notice.

_____ I release from any liability or responsibility all persons, companies and corporations supplying any information in verifying my statements above, as well as the Company in connection with its obtaining such information for use in verifying my statements above.

_____ I shall preserve in strictest confidence all information regarding the business or customers of the Company that may be disclosed to me or come to my attention in the process of applying for a position with the Company.

_____ If employed by the Company, I agree to comply with the Company's policies and procedures, safety rules, and cooperate in any reasonable security investigation. I understand that I am not employed by or entitled to employment by the Company unless and until I have received and accepted a written offer of employment from a Company representative. I also understand that no other act of the Company, including the acceptance of my application for employment, the scheduling of interviews with me, or any oral or written statements of interest or encouragement, creates an employment relationship with me, and I will not rely on any such act of the Company. I understand that if I am employed by the Company, such employment is "at-will," which means that my employment and related compensation may be terminated at any time, with or without cause, and with or without advance notice by me or by the Company.

_____ I understand that any misrepresentation or omission of fact on this application, my resume, any supplementary materials submitted by me, and interview responses, may be cause for a refusal to hire me or the termination of employment at any time during the period of my employment.

_____ I have reviewed this application personally, and I agree that all statements I have made on this application, in my resume, and other supplementary materials submitted by me are true and correct. I have not knowingly withheld any information that might adversely affect my chance for employment.

APPLICANT SIGNATURE: _____ DATE _____

Applicant Invitation to Self-Identify

The California Medical Association is a government contractor which requires that we take affirmative action to employ and advance in employment qualified women, minorities, disabled veterans and protected veterans, as well as individuals with disabilities.

Please let us know if you would like to be included in the affirmative action program by checking all the boxes below that apply to you. This information will only be used to assist us in fulfilling Equal Opportunity requirements to determine race, gender, disability, and veteran status of applicants as a group for each job position. **Submission of this information is completely voluntary and refusal to provide it will not subject you to any adverse treatment. This information will not be kept in any individual's personnel file and will not be viewed by any hiring managers.**

A written copy of the Affirmative Action Program is available for inspection by any employee or applicant for employment during normal business hours by calling Sue Poulter at 916-551-2079.

NAME _____

JOB POSITION (for which I am applying) _____

DEPARTMENT _____

GENDER: Female Male I do not want to self-identify my gender

RACE/ETHNICITY: Please note that for tracking purposes only one race/ethnic group can be listed. If you are of more than one group, please check the box for the group with which you most closely identify.

- Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
- White** (not Hispanic or Latino) - A person having origins in any of the original people of Europe, North Africa, or the Middle East
- Black or African American** (not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa
- Native Hawaiian or Other Pacific Islander** (not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian** (not Hispanic or Latino) - A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian/Alaskan Native (Tribal Affiliation)** (not Hispanic or Latino) - A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community identification.
- Two or More Races** (not Hispanic or Latino) - A person identified with two or more races and NOT of Hispanic origin.
- I do not want to self-identify my ethnicity**

Employee Invitation to Self-Identify

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VETERANS STATUS: please complete if you served in any branch of the U.S. military

- Disabled Veteran** - (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran** - Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- Armed Forces Service Medal Veteran** - Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Other Protected Veteran** - Any other veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era.
- I do not want to self-identify my veteran status**

DISABILITY:

- Yes** - A person who (A) has a physical or mental impairment which substantially limits one or more major life activities: (B) has a record of such impairment; or (C) is regarded as having such impairment.
- No**
- I do not want to self-identify my disability status**