

3244 Brookside Road
 Stockton, CA 95219
 Phone (209) 948-8483



APPLICATION FOR EMPLOYMENT
 MUST be completed even if attaching a Personal Resume
 Note: Information provided will be verified

PERSONAL		An Equal Opportunity Employer
NAME: Please PRINT OR TYPE Last Name, First Name and Middle Name		HOME TELEPHONE#
ADDRESS: Street Number and Name, City, State, Zip Code		MESSAGE/BUSINESS#
Permanent forwarding address (if different from above)		
If under the age of 18, do you have a work permit? <input type="radio"/> Yes <input type="radio"/> No		
Have you previously applied for work here? <input type="radio"/> Yes <input type="radio"/> No If yes, when?		
Previously employed here? <input type="radio"/> Yes <input type="radio"/> No If yes, when?		
Names of relatives employed at Delta Health Systems		Relationship
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____

POSITION DESIRED	
POSITION desired:	Date Available:
Type of Employment: Please check box as appropriate: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
If required, would you be willing to work: Please check one in each category.	
A. Overtime work? <input type="radio"/> Yes <input type="radio"/> No	B. Shift Work? <input type="radio"/> Yes <input type="radio"/> No
C. Holidays? <input type="radio"/> Yes <input type="radio"/> No	D. Shift Preference? <input type="radio"/> Day <input type="radio"/> Swing <input type="radio"/> Grave
What prompted your application to DELTA HEALTH SYSTEMS? <input type="radio"/> Advertisement (please identify source below) <input type="radio"/> Walk-in <input type="radio"/> Employee Referral (please give name below) <input type="radio"/> Agency (Name) <input type="radio"/> Other (please specify below)	

EMPLOYMENT REFERENCES Please list three persons best qualified to evaluate your work experience or academic qualifications			
Name			
Title			
Professional Relationship			
Company			
City/State/Zip Code			
Business Telephone			

Under what other name(s) are your school or work records listed? _____

EDUCATION AND TRAINING

List below your educational background, including high school, all colleges, trade and military service schools.

Intricate Last Level of Education Completed	High School <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> GED	College or University <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Grad School <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
High School	City and State	Major/Degree	GPA Scale
College/Trade School	City and State	Major/Degree	GPA Scale
College/Trade School	City and State	Major/Degree	GPA Scale

Vocational and/or Professional Information

Describe any specialized training, skills, or any honors you have received. State any additional information you feel may be helpful to us in considering your application.

Indicate any foreign languages you can speak, read and/or write.

U.S. MILITARY SERVICE

Branch in which you served	From (MM/YY)	To (MM/YY)	Rank at Discharge
Most important duties and training during service:			

EMPLOYMENT HISTORY

List last 10 years of employment

Company Name (Most Recent or Present Employer)	Employment Dates (MM/YY)
Telephone	Total Number of Years/Months Worked
Address (Street number and name, city, state, zip code)	Type of Business
Job Title	Supervisor (name/title)
Reasons you left or are considering leaving:	
What about your work do you like? Dislike?	
Your duties (<input type="radio"/> See attached resume)	

May we contact your present employer during the applicant / interview process?	
If no, we will contact your employer upon your acceptance of our employment offer, if offer is made.	
Company Name	Employment Dates (MM/YY)
Telephone	Total Number of Years/Months Worked
Address (Street number and name, city, state, zip code)	Type of Business
Job Title	Supervisor (name/title)
Reasons you left or are considering leaving:	
Your duties (<input type="radio"/> See attached resume)	

Company Name	Employment Dates (MM/YY)
Telephone	Total Number of Years/Months Worked
Address (Street number and name, city, state, zip code)	Type of Business
Job Title	Supervisor (name/title)
Reasons you left or are considering leaving:	
Your duties (<input type="radio"/> See attached resume)	

Company Name	Employment Dates (MM/YY)
Telephone	Total Number of Years/Months Worked
Address (Street number and name, city, state, zip code)	Type of Business
Job Title	Supervisor (name/title)
Reasons you left or are considering leaving:	

Your duties (See attached resume)

UNDERSTANDINGS

1. Delta Health Systems is a service company. As such, each member of the team has made a commitment to be accountable and to perform their duties to the best of their ability at all times. We each take personal responsibility for the success of the company and ourselves. If you accept a position at Delta Health Systems, are you committed to delivering on whatever promises you make and performing quality work to the best of your ability. Yes No

Comments:

2. At Delta Health Systems, our only product is the service our team members provide. This is true for positions dealing with the public or for internal positions delivering service to another department. As such, reliability is an essential function of each position at Delta Health Systems. Reliability is defined as being available and at work, performing your duties. We offer a generous time off package and understand that we have lives outside of DHS. Parameters for acceptable levels of absence from the job, with or without a doctor's excuse, have been established to ensure that each member of the team contributes their share. Accommodations under mandated leave types are, of course, honored. If you accept a position at DHS, are you willing to fully contribute to the service effort and to be a reliable member of the team? Yes No

Comments:

AGREEMENTS

I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without a cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that this is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization on the first day of employment. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature _____ Date _____

NOTE: Upon acceptance of an employment offer, Delta Health Systems requires applicants to permit verification of present employment and salary. College transcripts will be ordered when education attainment is pertinent to the position offered.

This application for employment shall be considered active for a period of time not to exceed 45 days. 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.

A copy of our privacy notice can be found online at www.deltahealthsystems.com/privacy