

# Application for Employment

**Partnership HealthPlan of California**  
360 Campus Lane, Suite 100  
Fairfield, CA 94534  
(707) 863-4100  
**Recruiter@partnership.org**



Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone # (\_\_\_\_) \_\_\_\_\_ Cellular/Other Phone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ "F cvg"qh'Cr r rccvqp"aaaaaaaaaa

### Referral Source (Please check the appropriate category and list the source)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk – In _____         | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                        |

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_  
 Home  Cellular/Other

May we contact you at work \_\_\_\_\_  Yes  No  
If **yes**, Work number and best time to call:  
(\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?.....  Yes  No  
If **no**, please explain: \_\_\_\_\_

Have you submitted an application here before?.....  Yes  No  
If **yes**, please give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before?.....  Yes  No  
If **yes**, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Is this application a request for reemployment following an extended military leave of absence from this company? .....  Yes  No

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position? .....  Yes  No

Will you work overtime if required? .....  Yes  No  
If **no**, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

*This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.*

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be a required in the job for which you are applying: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?.....  Yes  No  
*Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, serious and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you ever pleaded "guilty" or "no Contest" to or been convicted of a crime?.....  Yes  No  
If **yes**, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict you ability to work for our company? .....  Yes  No  
If **yes**, please explain: \_\_\_\_\_

# Employment History

Starting with your most recent employer, provide the following information:

Employer	Telephone ( )	Month / Year to Month / Year
Street Address	City State	<b>Compensation (Starting)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Starting job title/final job title		
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<b>Compensation (Final)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per Commission/Bonus/Other Compensation \$
Why did you leave?	E-Mail:	
Summarize the type of work performed and responsibilities.		
What did you like the most about your position?		
What were the things you liked least about the position?		

Employer	Telephone ( )	Month / Year to Month / Year
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Why did you leave?	E-Mail:	
Summarize the type of work performed and responsibilities.		
What did you like the most about your position?		
What were the things you liked least about the position?		

## Employment History

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? .....  Yes  No

If **yes**, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Skills and Qualifications

Sumarize any special training, skill, licenses and or certificates that may assist you in performing the position for which you are applying:

\_\_\_\_\_  
 \_\_\_\_\_

Computer Skills (Check appropriate boxes, include software titles and years of experience)

- |  |   |
|--|---|
| <input type="checkbox"/> Word Processing _____ Years _____<br><input type="checkbox"/> Spreadsheet _____ Years _____<br><input type="checkbox"/> Presentation _____ Years _____<br><input type="checkbox"/> E-Mail _____ Years _____ | <input type="checkbox"/> Internet _____ Years _____<br><input type="checkbox"/> Other _____ Years _____<br><input type="checkbox"/> Other _____ Years _____<br><input type="checkbox"/> Other _____ Years _____ |
|--|---|

## Educational Background

Starting with your most recent school attended, provide the following information:

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors.

**If not applicable**, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

Do you have any friends and/or family who work at Partnership HealthPlan of CA? Yes No

If yes, please list their name(s) and the relationship to you: \_\_\_\_\_  
 \_\_\_\_\_

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude membership that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve, National Guard or any other similarly protected status.

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In your current or a previous job, have you ever written instructions or directions to be followed by employee or customers?

Yes     No     Not Applicable

If **yes**, please explain \_\_\_\_\_

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Is there any other job-related information you want us to know about you? \_\_\_\_\_

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## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Partnership HealthPlan is true, complete and correct.

I expressly authorize, without reservation, Partnership HealthPlan, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Partnership HealthPlan, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Partnership HealthPlan does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Partnership HealthPlan reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Partnership HealthPlan is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Partnership HealthPlan does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. Partnership HealthPlan likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). Partnership HealthPlan takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_