



# Employment Application

We are an equal opportunity employer and consider all applicants for all positions pursuant to California's Fair Employment Practices and Housing Act, California Labor Code and other relevant federal, state, and local laws.

## PLEASE PRINT

Position Applied for: \_\_\_\_\_

How did you learn about us?  Website  Craigslist  Newspress  
 Walk-in  Employment Agency  Friend/Relative \_\_\_\_\_  Other \_\_\_\_\_

FIRST NAME	MIDDLE INITIAL	LAST NAME	
STREET	CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	EMAIL	SOCIAL SECURITY

May we contact you at work?  Yes  No

If you are less than 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, give dates \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?  Yes  No

(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state the nature of the crime(s), when and where convicted, and status of the case. \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.)

Do you smoke or use tobacco products?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

On what date would you be available for work \_\_\_\_\_

Are you available to work:  Full-time  Part-time  Temporary

Can you travel if the job requires it?  Yes  No

## EDUCATION AND TRAINING

NAME OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA RECEIVED
HIGH SCHOOL			
UNDERGRADUATE COLLEGE			
GRADUATE/PROFESSIONAL			
OTHER (SPECIFY)			

Many of our patients do not speak English. Do you speak, write, or understand any foreign languages?  Yes  No

If yes, which language(s)? \_\_\_\_\_



# Employment Experience

Start with your present or most previous job. Please complete this ENTIRE section even if your resume is attached. You may omit job duties only if they are included on your resume. If you do not complete this section entirely, you will be asked to do so before we consider your application.

	START DATE :	END DATE :	JOB DUTIES:
EMPLOYER:			
JOB TITLE:			
SUPERVISOR:	STARTING RATE/SALARY	ENDING RATE/SALARY	
SUPERVISOR'S TELEPHONE NUMBER: (       )			
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER/SUPERVISOR FOR A REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

	START DATE :	END DATE :	JOB DUTIES:
EMPLOYER:			
JOB TITLE:			
SUPERVISOR:	STARTING RATE/SALARY	ENDING RATE/SALARY	
SUPERVISOR'S TELEPHONE NUMBER: (       )			
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER/SUPERVISOR FOR A REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

	START DATE :	END DATE :	JOB DUTIES:
EMPLOYER:			
JOB TITLE:			
SUPERVISOR:	STARTING RATE/SALARY	ENDING RATE/SALARY	
SUPERVISOR'S TELEPHONE NUMBER: (       )			
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER/SUPERVISOR FOR A REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

	START DATE :	END DATE :	JOB DUTIES:
EMPLOYER:			
JOB TITLE:			
SUPERVISOR:	STARTING RATE/SALARY	ENDING RATE/SALARY	
SUPERVISOR'S TELEPHONE NUMBER: (       )			
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER/SUPERVISOR FOR A REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Please describe any knowledge or experience that relates directly to the position for which you are applying. If the position is patient related, please list experience dealing with patients in a health care environment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL INFORMATION

Please state any additional information that you feel may be helpful to us in considering your application.

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## APPLICANTS STATEMENT

Please read carefully, initial each paragraph, and sign below.

\_\_\_\_\_  
INITIALS

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that answers given herein are true and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
INITIALS

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Specifically, I authorize the Cancer Center to contact my previous supervisors/employers to inquire about the position I held at that company and obtain all letters, reports, and other information related to my work records.

\_\_\_\_\_  
INITIALS

I hereby understand that this application for employment shall be considered active for a period of time not to exceed 45 days. If I wish to be considered beyond this time period, I understand I should inquire as to whether or not applications are being accepted.

\_\_\_\_\_  
INITIALS

I hereby understand that should I receive an offer of employment, it will be contingent upon and not limited to the results of pre-placement requirements which include a physical exam, drug test screening and a thorough background check.

\_\_\_\_\_  
INITIALS

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Cancer Center of Santa Barbara is of an "at will" nature which means that the Employee may resign at any time and the Cancer Center may discharge the Employee at any time with or without cause. It is further understood that this policy called, "at will employment" cannot be changed except in writing signed by the President of the Cancer Center.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **MISSION STATEMENT**

To be a non-profit, freestanding cancer treatment and diagnostic center, which provides to our patients a quality of medical care, that ranks with the best of the other major treatment centers on the west coast.

To be a treatment center which stays in the vanguard of modern cancer care through the timely acquisition of new medical equipment, the recruitment, development, and education of highly trained medical personnel, the active participation in clinical research, and the thoughtful introduction of promising new methods of treatment.

To be a regional resource to which both the public and the medical community can look for leadership regarding the diagnosis, management and prevention of cancer.

To be a source of continuing support to our cancer patients and their families.