



# SAMUEL MERRITT UNIVERSITY

## Faculty/Staff

### EMPLOYMENT APPLICATION

This document must be completed in its entirety before an offer of employment can be extended.

Name (Last, First, Middle)				
Address		City	State	Zip Code
Home telephone number	Message number or Cell phone		Date of availability	
E-mail address (optional)		Other names used (in order to check past employment and education records).		

How did you learn of this job opportunity? (optional) \_\_\_\_\_

**POSITION(S) APPLYING FOR:**

\_\_\_\_\_

If hired, you will be required to furnish proof that you are legally authorized to work in the United States. Can you furnish such proof?  Yes  No  
 Do you currently or have you previously worked for Samuel Merritt University or Sutter Health Affiliates?  Yes  No

If yes, which Affiliate(s)? \_\_\_\_\_ Department? \_\_\_\_\_ When? \_\_\_\_\_

Do you have a spouse or relative working for Samuel Merritt University?  Yes  No

Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

#### PROFESSIONAL LICENSURE/REGISTRATION/CERTIFICATION

Type and Number	State	Issue Date	Expiration Date

Are there any current restrictions on your license/certification by any regulatory agency?  Yes  No

If yes, please explain. \_\_\_\_\_

Are you currently involved in any legal or regulatory proceeding that could affect your license or your certification?  Yes  No

If yes, please give date, location and disposition of your case. \_\_\_\_\_

**REFERENCES** (List three persons, other than relatives or personal friends, who have knowledge of your work experience and / or education. In the case of faculty, references should address teaching, scholarship and clinical acuen.)

Name	Address	Day Phone

**FOREIGN LANGUAGE SKILLS, other than English (optional).** In many circumstances, the ability to speak more than one language is desirable.

Language	Read	Write	Speak
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**EDUCATIONAL HISTORY (Degree Verification)**

School Name	Major	City/State	Degree Received
High School/GED			
College			
Graduate Degree			
Graduate Degree			

**CRIMINAL PUBLIC RECORD CHECK**

I have you ever been convicted<sup>1</sup> of a felony either under your current name or any other name? \*  Yes  No  
 If the above answer is yes, please indicate the following information for each conviction (use reverse for additional cases).

Date	Conviction	Court Name	City	County

*\*Existence of convictions will not necessarily disqualify an applicant from employment. However, failure to fully disclose will be considered falsification and will result in offer of employment being rescinded; and is grounds for immediate termination upon discovery at any time during employment.*

Do you have a criminal case now pending?  Yes  No

If the position you applied for is part of or linked to a health facility where there is access to drugs and medications, have you ever been arrested for an offense involving controlled substances?  Yes  No (Cal Labor Code 432.7f, Cal Health and Safety Code 11590)

If the position you applied for is part of or linked to a health facility and has regular access to patients, have you ever been arrested for a sex offense for which registration as a sex offender would be required upon conviction?  Yes  No (Cal Labor Code 432.7f, Penal Code 290)

I understand that a background check; verification of references & education; and TB screening, are part of the employment decision-making process. And, if I am invited for an interview, I am prepared to sign a "Disclosure and Authorization Release Form" at some point in the pre-employment process:  
 Yes  No

**ESSENTIAL JOB FUNCTIONS**

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed. \_\_\_\_\_

**APPLICANT STATEMENT**

I hereby certify that the information contained in this application form is true and correct. I authorize Samuel Merritt University to contact any of my schools, former employers and/or other references for the purpose of collecting information or obtaining an account of my work experience. I agree to hold any or all of them blameless and free of any liability for releasing such information. I understand that if I am employed, any deletion, misrepresentation or misstatement of the facts as stated or implied is sufficient cause for dismissal. I understand that my employment is At Will and that this application does not bind either me or Samuel Merritt University regarding employment for any specific period.

I understand that I will be required, as a condition of employment, to successfully complete reference checks, a criminal background investigation, drug and TB testing. The criminal background investigation will include, but is not limited to, a social security number verification and criminal/civil records search. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of any applicant's identity and legal authority to work in the United States. I agree to observe all rules, regulations and policies of Samuel Merritt University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Samuel Merritt University is Equal Opportunity Employers observing all Federal and State laws governing Fair Employment Practices.**

*Please note that Samuel Merritt University maintains its own employment policies, procedures, terms and conditions of employment, and benefit programs.*

<sup>1</sup> "Convicted" means plea, verdict or finding of no contest or guilt, regardless of whether sentence was imposed by the court.

## EMPLOYMENT/VOLUNTEER WORK/OTHER WORK HISTORY

Please account for all your time during the past ten years, including jobs, periods of unemployment, self-employment, military service, etc. If you need additional space, please request additional pages.

Employer (present or most recent)      May be contacted? <input type="checkbox"/>		Work Schedule <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual/On-call <input type="checkbox"/> Adjunct <input type="checkbox"/> Temporary	
Address		City	State      Zip Code
Business Telephone Number	Your Job Title	Start Date (MM/YY)	End Date (MM/YY)
Manager/Dept. Chair	Reason for Leaving	Starting Wage (Staff)	Ending Wage (Staff)
Job Duties and Responsibilities			
Employer      May be contacted? <input type="checkbox"/>		Work Schedule <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual/On-call <input type="checkbox"/> Adjunct <input type="checkbox"/> Temporary	
Address		City	State      Zip Code
Business Telephone Number	Your Job Title	Start Date (MM/YY)	End Date (MM/YY)
Manager/Dept. Chair	Reason for Leaving	Starting Wage (Staff)	Ending Wage (Staff)
Job Duties and Responsibilities			
Employer      May be contacted? <input type="checkbox"/>		Work Schedule <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual/On-call <input type="checkbox"/> Adjunct <input type="checkbox"/> Temporary	
Address		City	State      Zip Code
Business Telephone Number	Job Title	Start Date (MM/YY)	End Date (MM/YY)
Manager/Dept. Chair	Reason for Leaving	Starting Wage (Staff)	Ending Wage (Staff)
Job Duties and Responsibilities			
Employer      May be contacted? <input type="checkbox"/>		Work Schedule <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual/On-call <input type="checkbox"/> Adjunct <input type="checkbox"/> Temporary	
Address		City	State      Zip Code
Business Telephone Number	Your Job Title	Start Date (MM/YY)	End Date (MM/YY)
Manager/Dept. Chair	Reason for Leaving	Starting Wage (Staff)	Ending Wage (Staff)
Job Duties and Responsibilities			

Additional page(s) attached.

If you have concerns about us contacting your current employer(s) please explain why. Successful reference checks are a condition of employment.

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