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# Employment Application

## Employee Information

Print Name: Last	First	Middle Name	Maiden Name (if any)
Other names under which you have been employed			
Address (Street Name and Number)		Apt. #	
City	State	Zip Code	
Cell Phone	Home Phone	Email address	

## Emergency Contact

Name	Relationship	Phone Number

## Education

Please list all the schools you have attended and any other pertinent information about your education.

High school	Diploma	GED
College		
Other		

## License or Certification

Please list all licenses or certificates that are pertinent to the position you are applying:

License/Certification	State	Number	Expiration Date

Have you ever had your license or certification in any state investigated, suspended or had disciplinary action taken against it? Yes      No

## Professional References

Please list Professional/Educational references that we have permission to contact (supervisors only)

Name	Title	Telephone	Relationship	Email
Name	Title	Telephone	Relationship	Email
Name	Title	Telephone	Relationship	Email

**Employment History: (Provide details, most current first)**

Employer Name		Telephone Number	Dates of Employment
Address		Position held	
Supervisor Name	Title	Contact Number/ Email	
Summary of Duties			
Reason for leaving			

\*May we contact this employer?                      Yes              No              **If not why?**

**#2**

Employer Name		Telephone Number	Dates of Employment
Address		Position held	
Supervisor Name	Title	Contact Number/Email	
Summary of Duties			
Reason for leaving			

\*May we contact this employer?                      Yes              No              **If not why?**

**#3**

Employer Name		Telephone Number	Dates of Employment
Address		Position held	
Supervisor Name	Title	Contact Number/Email	
Summary of Duties			
Reason for leaving			

\*May we contact this employer?                      Yes              No              **If not why?**

Are you a U.S. Citizen or can you provide verification of your legal right to work in the U.S? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please give details and status \_\_\_\_\_

Have you ever been named as a defendant in a professional liability action? Yes No

If yes, please give details and current status:

Please select ALL that apply

Armed Forces Service Medal Veteran	yes	no	Decline to answer
Other Protected Veteran	yes	no	Decline to answer
Disabled Veteran & Armed Forces Service Medal Veteran	yes	no	Decline to answer
Disabled Veteran	yes	no	Decline to answer

What shifts are you available?	Days	Evenings	Nights
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How did you hear about Discovery Health Services?	_____
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**Agreement:**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. In making this application for employment, I understand that any investigative report may be made whereby information is obtained through personal interviews with third parties, such as past employers, business associates, financial sources, friends, neighbors, or others with whom I am associated. I understand that the inquiry may include information to my character, general reputation, personal characteristics, and mode of living may be applications. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

The undersigned applicant agrees to the following conditions: (1) That any false or misleading information or omission of the application will be sufficient cause for rejection or immediate dismissal; (2) That, if such is or required by Discovery Health, of the employment process or at any time during employment with the company if hired, he or she will take a physical examination, and or any other tests required by the company including a test for the presence of drugs and alcohol, and that he or she permits the results of any tests be released to the company or its representative and to release them from liability arising out of such examinations or tests; (3) That during employment, if hired, he or she will report to Discovery Health any drug related criminal conviction within three days of that conviction; (4) That he or she hereby authorizes investigation of all statements contained in this application, permits the company to contact former employers and hereby release the company and his or her former employers from any liability arising therefore; (5) That, if hired, he or she agrees to abide by and observe all company rules and regulations and agrees that his or her employment can be terminated with or without cause and with or without notice at any time at either the option of the company or the employee; (6) That, if hired, he or she will be on a ninety (90) day probationary period which time he or she may be discharged without recourse and (7) That, the use of this application form does not indicate there are any positions open and does not in any way obligate Discovery Health.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Discovery Health is an Equal Opportunity Employer. All applications are considered for employment without regard to race, sex, age, religion, or national origin, veterans or persons with a disability.