

ROYALE HEALTH CARE CENTER, INC.

Employment Application

South Coast Post Acute and Royale TRC
 1030 W. Warner Avenue, Santa Ana, CA 92707
 (714) 546-6450

Royale Mission Viejo
 23228 Madero, Mission Viejo, CA 92691
 (949) 900-4580

PLEASE USE BLACK OR BLUE INK - PRINT ALL NAMES RESUMES WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED APPLICATION			WE ARE AN EQUAL OPPORTUNITY EMPLOYER		
Name		First	Middle	Last	Date
Address		No.	Street	Apt. No.	
City		State		Zip Code	
Phone (Area Code)					
Describe the type of employment you desire				Are you 18 years of age or older	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Shift desired					
<input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL					
Date available to start		Salary desired:			
/ /		\$			
Have you ever worked for Royale Health Care?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, when? ▶	
Have you previously applied at Royale Health Care?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, when? ▶	
Please indicate source of referral to Royale Health Care.				*Enter Name of Referring Employee, Agency, Newspaper, etc. here:	
<input type="checkbox"/> Contacted on own	<input type="checkbox"/> National Publication*	<input type="checkbox"/> Another Hospital*			
<input type="checkbox"/> Royale Employee*	<input type="checkbox"/> Newspaper Ad*	<input type="checkbox"/> State Employment Agency			
<input type="checkbox"/> College Campus Recruiter	<input type="checkbox"/> Private Employment Agency*	<input type="checkbox"/> Other*			

ACADEMIC TRAINING

School	Name & Location of School	Course of Study	Graduate?	Degree/Diploma
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY

**OFFICE
USE
ONLY**

Please list all of your previous employers, with the most recent employer first. You must provide this information even if your resume has been submitted. Please provide all information requested, and attach additional pages if necessary. You must indicate the reason for leaving your previous employers.

Employer (Present or most recent)	Street Address, City, State, Zip		
Supervisor (Name and Title)	Your Job Title	Telephone No.	
Description of your duties	From (mo./yr.)	To (mo./yr.)	
	Reason for leaving:		
	Other Position(s) held		
Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO			

May we contact your current employer? YES NO **If no, please explain:**

Employer	Street Address, City, State, Zip		
Supervisor (Name and Title)	Your Job Title	Telephone No.	
Description of your duties	From (mo./yr.)	To (mo./yr.)	
	Reason for leaving:		
	Other Position(s) held		
Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	Street Address, City, State, Zip		
Supervisor (Name and Title)	Your Job Title	Telephone No.	
Description of your duties	From (mo./yr.)	To (mo./yr.)	
	Reason for leaving:		
	Other Position(s) held		
Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	Street Address, City, State, Zip		
Supervisor (Name and Title)	Your Job Title	Telephone No.	
Description of your duties	From (mo./yr.)	To (mo./yr.)	
	Reason for leaving:		
	Other Position(s) held		
Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	Street Address, City, State, Zip		
Supervisor (Name and Title)	Your Job Title	Telephone No.	
Description of your duties	From (mo./yr.)	To (mo./yr.)	
	Reason for leaving:		
	Other Position(s) held		
Eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please identify and explain all significant periods of unemployment (**more** than 90 days) for the past ten years.
 (You may exclude any information which would reveal any protected class status.) Attach additional pages if necessary.

CLERICAL SKILLS

Check the appropriate skills you possess.

Typing _____ WPM Calculator Other Skills/Job Knowledge _____
 Shorthand _____ WPM Keypunch _____
 Dictaphone Ten-Key PBX _____

APPLICABLE LICENSES AND CERTIFICATIONS HELD

Type _____	No. _____	State _____	Expiration Date _____
Type _____	No. _____	State _____	Expiration Date _____
Type _____	No. _____	State _____	Expiration Date _____

REFERENCES

List three personal references. Please do not list family members or relatives.

Name	Address	Area Code / Telephone Number

APPLICANT IDENTIFICATION RECORD

TO THE APPLICANT: The information requested on this form is required by the regulations of the Department of Fair Employment and Housing. The employers in California are required to keep these records on file for a period of two years. For your protection, the employers are ordered to store records in a different location away from your application. The information is for data purposes only, and voluntary on your part.

Position applied for: _____ Sex _____ Date _____

NATIONAL ORIGIN/ANCESTRY

PLEASE CHECK ONE:

- | | |
|---|--|
| American Indian / Alaskan Native <input type="checkbox"/> | Mexican American <input type="checkbox"/> |
| Asian <input type="checkbox"/> | Native Hawaiian or other Pacific Island <input type="checkbox"/> |
| Black <input type="checkbox"/> | White <input type="checkbox"/> |
| Filipino <input type="checkbox"/> | Other <input type="checkbox"/> |
| Hispanic* <input type="checkbox"/> | |

*Hispanic: Those individuals who originate from Mexico, Central and South America countries, Cuba and Puerto Rico.

Are you legally authorized to work in the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you at least 18 years of age?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If not do you have a valid work permit? If so, please provide a copy of the work permit.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Would you be willing to submit to a post-offer drug test and medical examination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CERTIFICATION

By signing this application, I hereby agree as follows:

I hereby certify that information contained in this application form is true and correct to the best of my knowledge, and agree to have any of the information verified by Royale Health Care Center, Inc. ("Royale Health Care"). I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I authorize the references listed above, as well as all other individuals whom Royale Health Care Center, Inc. contacts, to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability to any damages that may result from furnishing such information by Royale Health Care Center, Inc. or any of its agents, employees, or representatives.

I understand that any offer of employment is conditioned upon proof of identity, proof of legal authority to work in the United States, a satisfactory completion of my background and reference check, and the satisfactory completion of post-offer medical examination and drug test.

BY SIGNING THIS APPLICATION, I AGREE THAT IF I AM HIRED, MY EMPLOYMENT WITH ROYALE HEALTH CARE CENTER, INC. CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF ROYALE HEALTH CARE CENTER, INC. IF HIRED, I FURTHER AGREE THAT NO EMPLOYEE OR REPRESENTATIVE OF ROYALE HEALTH CARE CENTER, INC. HAS THE AUTHORITY TO MODIFY THE AT WILL EMPLOYMENT POLICY, EXCEPT FOR THE VICE PRESIDENT OF ROYALE HEALTH CARE CENTER, INC., AND THAT ANY MODIFICATION TO THE AT WILL EMPLOYMENT POLICY MUST BE IN A WRITTEN AGREEMENT SIGNED BY THE VICE PRESIDENT OF ROYALE HEALTH CARE CENTER, INC.



APPLICANT-PLEASE SIGN AND DATE HERE



Signature	Date
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