

EMPLOYMENT APPLICATION

Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department at (650) 616-0050.

POSITION YOU ARE APPLYING FOR (Job Title): _____

Date of Application:	Name (Last, First, Middle Initial):		
Address:			
Phone Number: (____) _____	Email Address: _____	Preferred method(s) of communication: <input type="checkbox"/> Phone <input type="checkbox"/> Email	
		Best time to reach you: _____	
Upon acceptance of an offer of employment, can you provide proof that you are legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available for employment:	Requested Salary: \$
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever worked for us? <input type="checkbox"/> Yes When? _____	Have you applied for work with us before? <input type="checkbox"/> Yes When? _____
If under 18, upon acceptance of an offer of employment, can you submit a work permit if one is legally required? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No	<input type="checkbox"/> No
Type of work you are applying for: <input type="checkbox"/> Regular Full-time <input type="checkbox"/> Regular Part-time <input type="checkbox"/> Temporary. What days are you available to work? _____ <input type="checkbox"/> Remote. What days are you available to work? _____		How were you referred to us? HPSM Employee: _____ Relative: _____ Employment Agency: _____ Website: _____ Other: _____	
Days/hours you cannot work: _____		List any acquaintances, friends, and relatives working at HPSM and their relationship to you: _____ _____ _____	
Are you able and willing to work overtime, if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION

Check appropriate box if you possess one of the following:

- High School Diploma G.E.D Certificate California High School Proficiency Certificate

Name of University, College, Institute or Vocational School	Address	Course of Study of Major	Degrees, Diplomas or Certificates Received	Did you Graduate?

EMPLOYMENT HISTORY

List all previous employment (including your current employer, if any) for the past 10 years, with the most recent first. Complete this section even if you have attached a resume. Attach additional sheets, if necessary.

NAME OF EMPLOYER: _____

Address: _____

Telephone Number: (____) _____ Supervisor: _____

Dates Employed From: _____ To: _____	Job Title: _____ Brief Description of your responsibilities:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving: _____

NAME OF EMPLOYER: _____

Address: _____

Telephone Number: (____) _____ Supervisor: _____

Dates Employed From: _____ To: _____	Job Title: _____ Brief Description of your responsibilities:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving: _____

NAME OF EMPLOYER: _____

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Telephone Number: (____) _____ Supervisor: _____

Dates Employed From: _____ To: _____	Job Title: _____ Brief Description of your responsibilities:
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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving: _____

NAME OF EMPLOYER: _____

Address: _____

Telephone Number: (____) _____ Supervisor: _____

Dates Employed From: _____ To: _____	Job Title: _____ Brief Description of your responsibilities:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving: _____

Explain the reasons for any gaps in employment of one month or more: _____

Specify any licenses or special training relevant to the job applied for: _____

Specify any special skills relevant to the job applied for: _____

List all agreements with a current or former employer, or any other person or entity that may restrict your ability to accept employment and/or perform any type of work for the Company (e.g., non-competition agreements, non-solicitation of customers agreements, non-solicitation of employees agreements, confidentiality agreements, invention assignment agreements, etc.).

HPSM may request a copy of the relevant agreement(s).

PROFESSIONAL REFERENCES

Please provide a minimum of 3 professional references. At least 2 must be previous supervisors or managers.

Name: _____ Address: _____
Telephone Number: (____) _____ Occupation: _____
Email: _____ Relationship: _____ Years known: _____

Name: _____ Address: _____
Telephone Number: (____) _____ Occupation: _____
Email: _____ Relationship: _____ Years known: _____

Name: _____ Address: _____
Telephone Number: (____) _____ Occupation: _____
Email: _____ Relationship: _____ Years known: _____

PLEASE CAREFULLY READ THE FOLLOWING BEFORE SIGNING:

I hereby certify that all information contained in this application is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of any information contained in this application, or any document used to apply for employment will be cause for rejection of this application or termination if I am employed, regardless of the time elapsed before discovery.

I hereby authorize all my references, and current and former employers and their employees, past or present, to give the Company any and all information concerning my employment history, work performance, and/or character. I also authorize that all my former schools may give the Company any or all information concerning my education.

In addition, I understand and agree that any offer of employment may be conditional upon the successful outcome of a background check and that this Employment Application is not an offer of employment by the Company.

I understand and agree that, if hired, my employment with the Company is "at will." This means that my employment is for definite period and may be terminated with or without cause, at any time and for any reason, or no reason, at the option of either the Company or myself. While other personnel policies and programs exist and may be changed from time to time, I understand that my "at-will" employment status cannot be changed unless by a written agreement expressly changing it, signed by the Company CEO.

I understand that the issuance of this Application does not include that there are any positions open.

Signature: _____

Date: _____

It is our policy and intent to provide equal opportunity to all persons without regard to race, color, religion, political affiliation, sex/gender, including gender identity, pregnancy, childbirth and related medical conditions, marital status, registered domestic partner status, sexual orientation, age, ancestry, national origin, veteran status, disability, medical condition, genetic characteristics, and/or any other basis protected by law. This policy covers all facets of employment including, but not limited to recruitment, selection, placement, promotions, transfers, demotions, terminations, training, and compensation.

NOTICE TO ALL APPLICANTS

Please be advised that the Health Plan of San Mateo (HPSM) conducts extensive background checks on all final applicants who are being considered for employment prior to a job offer being made.

The background check may include one or more of the following:

- Professional References
- Prior Employment Verification
- Criminal History
- Academic Verification
- Professional License Verification
- Medicare and/or Medi-Cal Fraud
- Social Security Verification
- Motor Vehicle Report

HPSM uses **Sterling Talent Solutions** to conduct its background investigations and adheres to all requirements of the Fair Credit Reporting Act (FCRA). Information contained in this report may be used to make final decisions regarding employment with HPSM.

Acknowledgement of Receipt:

Print Name: _____

Signature: _____

Date: _____

APPLICANT DATA SHEET**Name:** _____**Date:** _____

To aid Health Plan of San Mateo in its commitment to Affirmative Action, we ask that you voluntarily provide the information on this sheet. This sheet will be separated from the application before any employment decisions are made and the information given here will be used for affirmative action reporting purposes only.

Position for which I am applying for: _____

Please be specific. We cannot accept applications that say, "Any job for which I'm qualified for" or "Any open position."

Gender. Please check one:

- Female
- Male

Ethnicity. Are you Hispanic or Latino – of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin?

- Yes
- No, not of Hispanic or Latino origin. Please check only one (1) box from the choices below:
 - American Indian or Alaskan Native – origins in any of the original peoples of North and South America (including Central American), and who maintain tribal affiliation or community attachment.
 - Asian – origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - Black/African American – origins in any of the black racial groups of Africa.
 - Native Hawaiian or Other Pacific Islander – origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - White – origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - Two (2) or more races – all persons who identify with more than one of the five (5) races.
- Decline to state

Signature: _____