



18. May we contact your present employer?  Yes  No **(Be advised if you become a finalist for the position, we must contact your employer.)**

19. **EXPERIENCE:** Be careful to include the following when filing in the space below:  
 Show your jobs in reverse order with the present job first. Use a separate block for each job title (even those with the same employer). Show all employment for the past 10 years. Account for periods of unemployment in excess of 90 days. Please use additional sheets if necessary to describe job duties. Keep in mind – your acceptance depends on the completeness and applicability of the information shown. Show exact job title and specific duties.

<b>FROM</b>  ____/____ Mo / Yr	<b>TO</b>  ____/____ Mo / Yr	Job Title: _____ Last Salary _____ Duties:	Reason for Leaving:	Employer's Name:  Address:
<b>FROM</b>  ____/____ Mo / Yr	<b>TO</b>  ____/____ Mo / Yr	Job Title: _____ Last Salary _____ Duties:	Reason for Leaving:	Employer's Name:  Address:
<b>FROM</b>  ____/____ Mo / Yr	<b>TO</b>  ____/____ Mo / Yr	Job Title: _____ Last Salary _____ Duties:	Reason for Leaving:	Employer's Name:  Address:

20. **References** (Must be persons over 21 years of age who have known you for more than one year and are not related to you by blood or marriage.)

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

21. **Certificate of Application (Read this statement carefully before signing):**  
 These answers are true and complete to the best of my knowledge. Colusa Regional Medical Center (CRMC) may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or potential disciplinary action if I am hired regardless of when discovered. I understand that this application is not a contract of employment. I also understand that CRMC is an "at will" employer which means the employment relationship between myself and CRMC is terminable-at-will so that both CRMC and I remain free to choose to end our work relationship at any time for any or no reason. I also understand that any offer of employment is conditioned upon a health evaluation by a doctor selected by CRMC to determine whether I can perform the job duties. In addition, I understand a confidential drug or alcohol test is required according to CRMC policy. I authorize CRMC to make a thorough investigation of my past employment, education and job-related activities, and I release from liability all persons, companies and corporations supplying such information. I also indemnify CRMC against any liability that might result from making such investigation. Additionally, I authorize CRMC to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest CRMC deems appropriate.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Note:** Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please notify us if you need an accommodation to complete the application process. A physician's note may be required. This is an Equal Opportunity Program. Federal law prohibits discrimination. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250.