



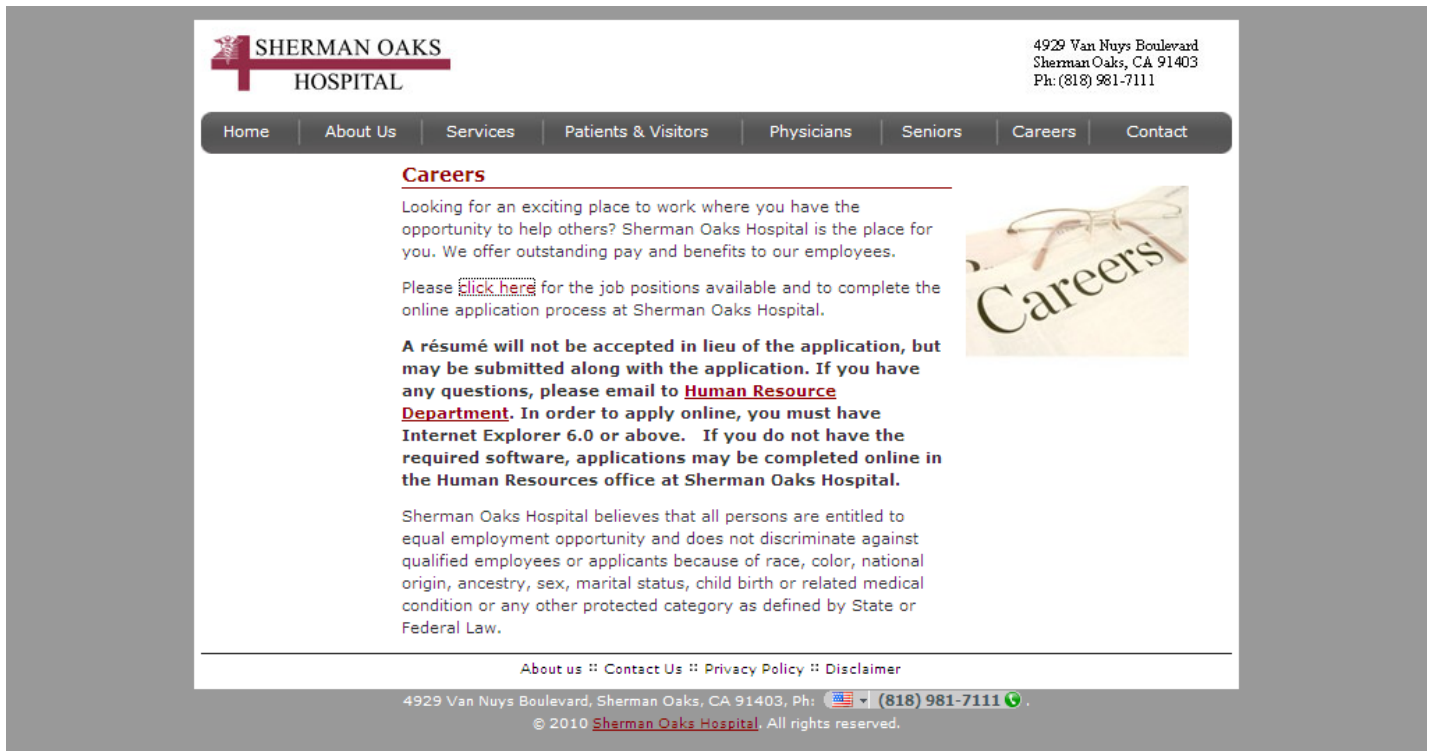
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Instructions for submitting employment application to Prime Healthcare - Sherman Oaks Hospital

View Sherman Oaks Job Openings.

1. Click on link to view open positions at Sherman Oaks Hospital..



The screenshot shows the Sherman Oaks Hospital website's Careers page. At the top left is the hospital logo with the text "SHERMAN OAKS HOSPITAL". To the right of the logo is the address: "4929 Van Nuys Boulevard, Sherman Oaks, CA 91403, Ph: (818) 981-7111". Below the logo and address is a navigation menu with links for Home, About Us, Services, Patients & Visitors, Physicians, Seniors, Careers, and Contact. The main content area features a "Careers" heading followed by a paragraph: "Looking for an exciting place to work where you have the opportunity to help others? Sherman Oaks Hospital is the place for you. We offer outstanding pay and benefits to our employees." Below this is a link: "Please [click here](#) for the job positions available and to complete the online application process at Sherman Oaks Hospital." A bolded notice states: "A résumé will not be accepted in lieu of the application, but may be submitted along with the application. If you have any questions, please email to [Human Resource Department](#). In order to apply online, you must have Internet Explorer 6.0 or above. If you do not have the required software, applications may be completed online in the Human Resources office at Sherman Oaks Hospital." To the right of this text is an image of a document with the word "Careers" written on it and a pair of glasses resting on it. At the bottom of the page, there is a footer with links: "About us :: Contact Us :: Privacy Policy :: Disclaimer" and contact information: "4929 Van Nuys Boulevard, Sherman Oaks, CA 91403, Ph:  (818) 981-7111 . © 2010 [Sherman Oaks Hospital](#). All rights reserved."

2. You will see the list of jobs as displayed below

plaksa
where JOBS find YOU

SHERMAN OAKS HOSPITAL

Page (1 of 2) << first < prev 1 2 next > last >>

S.No.	Position	Date Posted	End Date
1	<p>Position Title : MEDICAL STAFF COORDINATOR</p> <p>Position ID : Medical Staff</p> <p>Company : SHERMAN OAKS HOSPITAL</p> <p>Location : CALIFORNIA</p> <p>Job Description : JOB SUMMARY: Provides support and coordination for medical staff services, including continuing education services, meeting preparation and provider credentialing. Maintains a productive, profes...</p>	11/09/2010	12/31/2010
<p>View Details Apply Online Refer a Friend Download as PDF Attachments requested with application</p>			
2	<p>Position Title : CHARGE RN-GEROPSYCH</p> <p>Position ID : SOH 225</p> <p>Company : SHERMAN OAKS HOSPITAL</p> <p>Location : CALIFORNIA</p> <p>Job Description : The Charge Nurse is responsible and accountable for the quality of staff and functions during their</p>	11/04/2010	12/31/2010

3. Job Description and requirements can be viewed by clicking on “View Details”. Click on “Apply Online” to register and submit application online.

CREATING ACCOUNT TO SUBMIT APPLICATION TO ANY PRIME FACILITY

4. Click on “Apply Online” to register and submit application online.



The screenshot displays the Plaksa website interface. At the top, there are navigation links for "Plaksa", "Employers", and "Career Services". The Plaksa logo is prominently displayed with the tagline "where JOBS find YOU". Below the logo is a "Login" section with input fields for "User Name (Email Id)" and "Password". There is a "Remember Me" checkbox and a "Forgot login/password?" link. Two buttons, "Sign In" and "Create account", are provided. Below the login form, there is a note: "For help mail us at support@plaksa.com" and a browser compatibility notice: "Works best in: Internet Explorer v7.0, Firefox v3.0 and higher".

On the left side of the page, there is a banner for "Sherman Oaks Hospital" with the text "Valley Open MRI Center". Below the banner, the word "Welcome," is visible. At the bottom of the page, there is a group photo of diverse healthcare professionals and a small image of a computer monitor displaying a website.

5. Please click on create account to create an account using your email address. You will be required to open your email and activate your account. This step will ensure you will receive all email communication from human resources.

The screenshot shows a web page for Sherman Oaks Hospital. At the top left is the hospital logo with the text "SHERMAN OAKS HOSPITAL". To the right of the logo are two buttons: "Create Account" and "Login ?". Further right is the "plaksa" logo with the tagline "where JOBS find YOU". The main content area contains a registration form with the following fields:

- Note: All * fields are mandatory
- * First Name:
- * Last Name:
- * Email Address: ?
- * Confirm Email Address:
- * Password:
- * Confirm Password:
- * Country of Residency: ▼

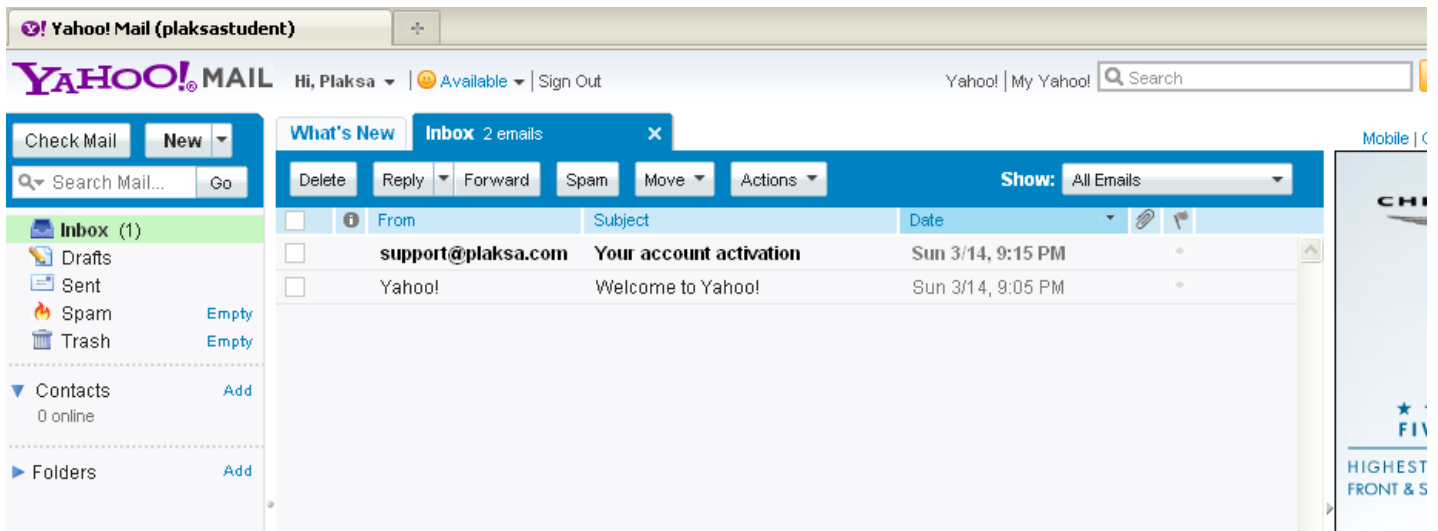
At the bottom of the form area are two buttons: "Create Account" and "Clear".

6.



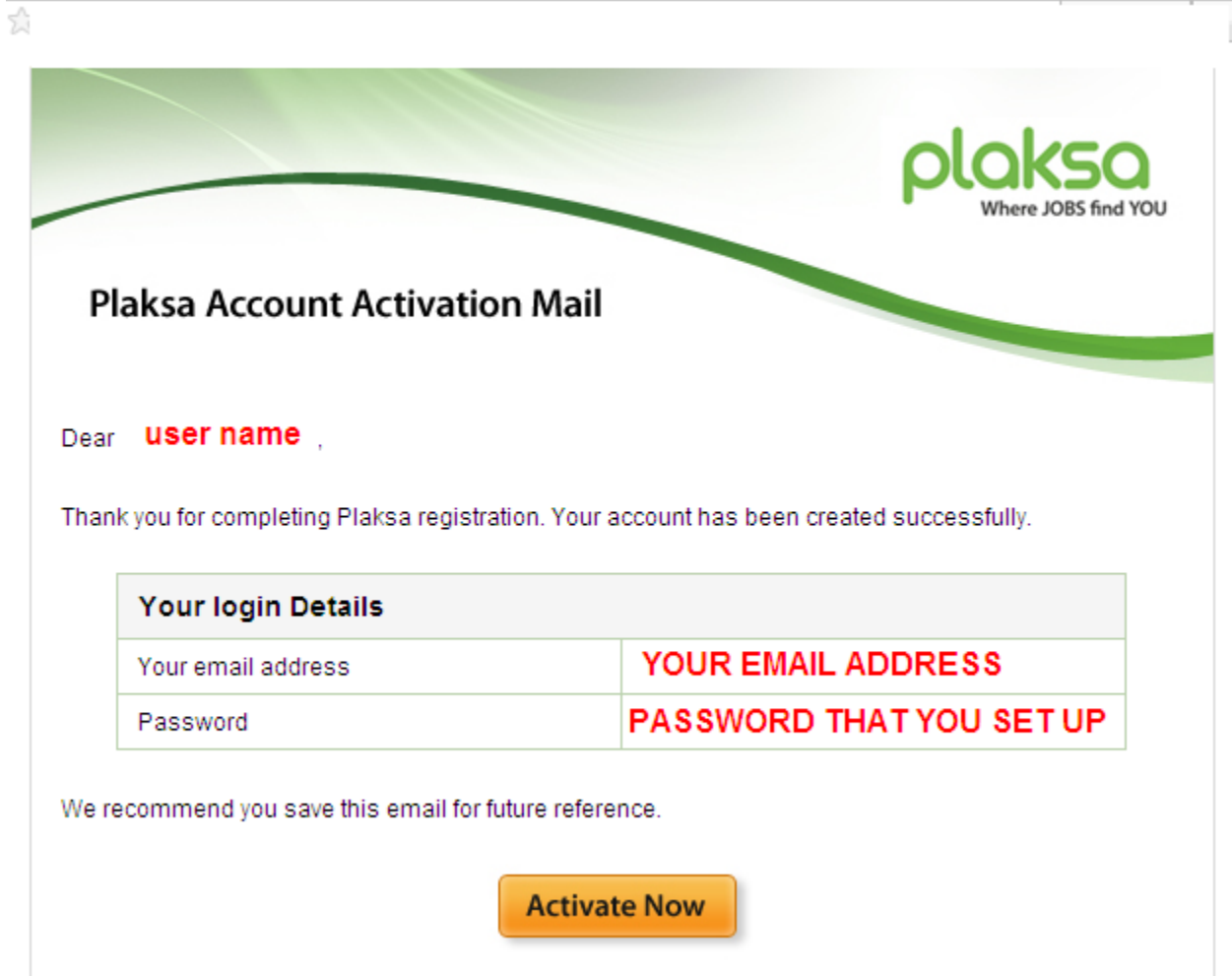
7. You will receive an email with your access details. You will have to open the email to activate your account

Sample email from support@plaksa.com to new user.



VALIDATING YOUR ACCOUNT TO SUBMIT APPLICATION

8. Activate account by opening email and clicking on activate



9. Sign in with email ID and password that you set up.

The screenshot displays the Plaksa website interface. At the top, there are navigation links for [Plaksa](#), [Employers](#), and [Career Services](#). The Plaksa logo is prominently displayed with the tagline "where JOBS find YOU". The main content area features a large photograph of the Sherman Oaks Hospital building, with the text "Sherman Oaks Hospital" and "Valley Open MRI Center" overlaid. To the right of the photo is a "Login" form with the following elements:

- Input field for "User Name (Email Id)"
- Input field for "Password"
- Checkbox for "Remember Me"
- Link for "Forgot login/password?"
- "Sign In" button
- "Create account" button
- Text: "For help mail us at support@plaksa.com"
- Text: "Works best in: Internet Explorer v7.0, Firefox v3.0 and higher" with a help icon.


Below the main content area, there is a "Welcome," message on the left, a group photo of diverse professionals in the center, and a small image of a computer monitor on the right.

EMPLOYMENT APPLICATION

10. You will be taken to the employment application page

Section A – Applicant information. Please click on edit to add or modify information. Telephone #, mailing address are required to submit application.

Employment Application



Section A - Applicant Information Edit

Job title in announcement	MEDICAL STAFF COORDINATOR	Announcement number	Medical Staff
Last Name	Seeker	First and middle names	Job
Mailing Address	#1 jobs find you street	Phone number	001-510-9991235
Country	UNITED STATES	State	CALIFORNIA
City/Zip code	SUNNYVALE	Email address	jobseeker403@gmail.com
Preferred Job Type			
Preferred Shift	Day		
Notice Period Required	2 Weeks		

When you click on edit applicant information you will be presented with the following screen to add information that will be submitted with your employment application. You can update this information anytime by signing into your account on <https://www.plaksa.com> . Please click on return to application to continue filling different sections of the employment application online. **YOU ARE ALWAYS HAVE TO CLICK ON “EXPORT TO EMPLOYEMENT APPLICATION”** in each section for your information to show up on the application.

MY ACCOUNT IS THE ONLY STEP REQUIRED TO START YOUR JOB SEARCH

Note: All * fields are mandatory

My Account 

Name

Prefix

*First Name

Middle Name

*Last Name

NickName

Suffix

*Gender

Please Maintain Address (your current address in country of residency)

Address Line1

Address Line2

*Country

*State/Province (Postal Area)


County

*City

Zip


*Note: We validate your addresses. P.O Box is not allowed in primary address

My Job Search Status

*Status 

Maintain

Note: ISD-country code (default United States -1, United Kingdom -44, India -91)
Area code /STD - example - (USA San Jose 408, Los Angeles 310 etc., London -020)
Phone number(Landline) -example- 7 digits in United States, 7 or 8 digits in India, 4 to 8 digits in United Kingdom

Primary	Type	Country Code/ISD	Area Code/STD	Number	Extension	
<input checked="" type="radio"/>	Mobile	001	510	9991235		
<input type="radio"/>	Home	001	999	9999999		

Numerals only - no spaces or hyphens or parenthesis

Add more

Submit

Section B Work experience. This section is optional if you are attaching a resume. We recommend filling in this section even if you are attaching a resume.

Section B - Work Experience **THIS IS MANDATORY IF JOB REQUIRES MIN YEARS OF EXPERIENCE** [Add Experience Details](#)

Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job description.

Sum total of Years of experience in Section B (multiple records) will have to be greater than minimum years of experience expected in job posting

1	Job title	Analyst		Edit
	From (mm/yyyy)	08/2009	To (mm/yyyy)	10/2010
	Employer's name and address	California department of housing , UNITED STATES		
	Supervisor's Name and phone number	Name	Phone:	
	May we contact your current supervisor? If we need to contact your current supervisor before making an offer, we will contact you first.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Describe your duties, accomplishments and related skills:	analyst work		
	Job Keywords :	autocad,		
	Soft Skill Keywords:			
	Technical Skill Keywords:			
	Job Specific Skill Keywords:			

Please click on “Add Experience Details” to maintain and include details of experience with employment application. You can add multiple records of work experience by clicking on “Add Experience Details” again and again. The following will be displayed

[My Account](#) [User Profile](#) [Education](#) [Experience](#) [Portfolio](#) [References](#) [Job Search Profile](#) [Professional Licenses / Certifications](#)

[Return to Employment Application](#)

Note: All * fields are mandatory

Basic Information

Export This Record To Resume

Export This Record To Employment Application

Employed

Current Employer

*Business Type

*Country

*Date From (MM/YYYY)

*Date To (MM/YYYY)

*Employer / Organization Name

Employee ID

Check this box to ensure that you display this information on the application.

Business Type – Please indicate what type of business you worked for? Please choose one of the values from Educational Institution, Government, Non profit organization, Private owner/ self employed, Small/ Medium/ Large business.

Job Details

Please fill in the mandatory fields indicated with red *. – Job Type, Job title, job description.

While job description keywords are optional, we suggest filling these. Hiring managers typically look for keywords of expertise in your experience which will make you stand out from others.

Job Details
 Consulting/Contract Hourly Intern/ Apprentice Job Shadowing Mentor On Call Part time Per Diem Regular/Full time Resident (Health Care) Short Hour Volunteer
***Your Job Title** **Search Job Title**
Job Role Individual Contributor Lead/ Supervisory/ Managerial role
***Job Description**
job description Keywords (Please enter three keywords separated by a comma)
Share with Employers

Occupation Category

Indicate occupation category and type.

Occupation
IF JOB POSTING REQUIRES MIN YEARS OF EXPERIENCE IN AN OCCUPATION CATEGORY, YOU WILL HAVE TO MAINTAIN DETAILS IN SECTION B TO INDICATE EXPERIENCE IN THAT OCCUPATION CATEGORY.

<input type="radio"/> Architecture and Engineering Occupations	<input type="radio"/> Arts, Design, Entertainment, Sports, and Media Occupations	<input type="radio"/> Building and Grounds Cleaning and Maintenance Occupations
<input type="radio"/> Business and Financial Operations Occupations	<input type="radio"/> Community and Social Service Occupations	<input type="radio"/> Computer and Mathematical Occupations
<input type="radio"/> Construction and Extraction Occupations	<input type="radio"/> Education, Training, and Library Occupations	<input type="radio"/> Farming, Fishing, and Forestry Occupations
<input type="radio"/> Food Preparation and Serving Related Occupations	<input type="radio"/> Healthcare Practitioners and Technical Occupations	<input checked="" type="radio"/> Healthcare Support Occupations
<input type="radio"/> Installation, Maintenance, and Repair Occupations	<input type="radio"/> Legal Occupations	<input type="radio"/> Life, Physical, and Social Science Occupations
<input type="radio"/> Management Occupations	<input type="radio"/> Military Specific Occupations	<input type="radio"/> Office and Administrative Support Occupations

Skills – These are **optional** and not needed to submit employment application.. But employers can search for certain levels of expertise in either technical or job specific skills.

Skills

[Search Soft Skills Library, Start typing to get suggestions](#)

Rate your overall level of proficiency in following areas					Would you feel comfortable being interviewed on this area?	
	No Knowledge	Basic Knowledge	Solid work Knowledge	Expert Knowledge	Yes	No
<input style="width: 100%;" type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
					<input type="button" value="Add more"/>	<input type="button" value="Remove"/>

Soft skill key words

[Search Technical Skills Library, Start typing to get suggestions](#)

Rate your overall level of proficiency in following areas					Would you feel comfortable being interviewed on this area?	
	No Knowledge	Basic Knowledge	Solid work Knowledge	Expert Knowledge	Yes	No
<input style="width: 100%;" type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
					<input type="button" value="Add more"/>	<input type="button" value="Remove"/>

Technical skill key words

[Search Job Specific Skills Library, Start typing to get suggestions](#)

Rate your overall level of proficiency in following areas					Would you feel comfortable being interviewed on this area?	
	No Knowledge	Basic Knowledge	Solid work Knowledge	Expert Knowledge	Yes	No
<input style="width: 100%;" type="text"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
					<input type="button" value="Add more"/>	<input type="button" value="Remove"/>

Job specific skill key words

All of these fields are optional. Please click on Save and then “Return to Application”

Consent to share

Hours/Week

Salary range

Min

Max

Currency

Supervisor Name

Telephone Number

Contact Employer

Reason for Leaving

Save

Section D Education

Please click on edit to Education to add your education details. This is mandatory for jobs that expect minimum education requirements. If the job indicates high school / GED then you will have to add education detail for high school. If the job indicates associate or bachelor's degree then the education details for that degree needed to be added by clicking on add education details. You will have the option to enter education from any country

Section D - Education						Add Education Details		
You must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U. S. Department of Education. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Employers will verify your documentation.								
Last High School (HS)/GED school		MONTA VISTA HIGH CALIFORNIA CUPERTINO 95014 06/2006						
Mark highest level completed: None <input type="checkbox"/> HS/GED <input type="checkbox"/> Certificate <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input checked="" type="checkbox"/> Master <input type="checkbox"/> Doctoral <input type="checkbox"/> Post Doctoral <input type="checkbox"/>								
Colleges and universities attended. Do not attach a copy of your transcript unless requested.					Total Credits Earned		Major(s)/Concentration(s)	Degree (if any), Year Received
					Semester	Quarter		
1	Name : MONTA VISTA HIGH							06/2006 Edit
	City : CUPERTINO	State : CALIFORNIA	Zip code : 95014	Cumulative GPA :				
Specialization Keywords:								
2	Name : LOMA LINDA UNIVERSITY						Nursing	06/2006 Edit
	City : LOMA LINDA	State : CALIFORNIA	Zip code : 92350	Cumulative GPA :				
Specialization Keywords: critical care nursing, RN								

Click on Add education detail to add education record.

Note: All * fields are mandatory

Export This Record To Resume	<input type="checkbox"/>
Export This Record To Employment Application	<input type="checkbox"/> (Click on check box to share with Employer)
* Are You creating a Record For	Select One (Institution Type)
Student ID	<input type="text"/>
* Date From	<input type="text"/> 10 (MM/YYYY)
* Date of Graduation (Attending till)	<input type="text"/> 10 (MM/YYYY)
* Country	UNITED STATES
* State/Province	Select State
* Institution Name	<input type="text"/> Do not abbreviate
* Academic Term	<input type="radio"/> Yearly <input type="radio"/> Quarterly <input type="radio"/> Semester
* Degree Objective	Select One
* Degree Objective	Select One
* Degree Obtained	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cumulative credits earned	<input type="text"/>
Area of Study	Select One
Major/Concentration	<input type="text"/> <i>Note: Use Ctrl/Command button to select Multiple values</i>
Minor/Specialization	<input type="text"/> <i>Note: Use Ctrl/Command button to select Multiple values</i>
Grading System	<input type="text"/>
Cumulative GPA	<input type="text"/>
Specialization Keywords	<input type="text"/> (Please enter three keywords separated by a comma)

Only the * fields are mandatory to save the education details on the employment application.

Click on Create to save information and then click on return to application to attach resume and submit application.



Section F – Professional licenses / certifications

Section F - Professional Licenses /Certifications				Add Professional License / Certification
	License Name	Licensing Agency	Date Of License(mm/yyyy)	
1	RN - California	Mission College	12/2008	Edit

While this is optional we recommend adding this to your employment application. Click on Add Professional License/ Certification to add details

Professional Licenses/Certifications
Return to Employment Application ✕

PLEASE MAINTAIN ALL "PROFESSIONAL LICENSES & CERTIFICATIONS " RECEIVED BY CREATING A RECORD FOR EACH ONE

*Note: All * fields are mandatory*

*Occupation

* Occupation type

Occupation sub type (Optional)
Note: Use Ctrl/Command button to select Multiple values

Occupation specialization (Optional)
Note: Use Ctrl/Command button to select Multiple values

*License

*Date Of License (MM/YYYY)

*Licensing Agency

Country Issuing License

State Issuing License

Export to Resume

Export to Employment Application You have the choice of showing any of the Professional licenses / Certifications by clicking on export to employment application or resume.

Create
Reset

see example below for how to add a “RN” license detail. You have the option to edit by clicking on the pencil.

EXAMPLE OF HOW TO FILL OUT A RN LICENSE DETAIL

Professional Licenses/Certifications Return to Employment Application

PLEASE MAINTAIN ALL "PROFESSIONAL LICENSES & CERTIFICATIONS " RECEIVED BY CREATING A RECORD FOR EACH ONE

*Note: All * fields are mandatory*

*Occupation: Healthcare Practitioners and Technical Occupations

*Occupation type: Health Diagnosing and Treating Practitioners

Occupation sub type (Optional):
Audiologists
Chiropractors
Dentists
Dietitians and Nutritionists
Miscellaneous Health Diagnosing and Treating Practitioners
Nurse Anesthetists
Nurse Midwives
Nurse Practitioners
Optometrists
Pharmacists
Physician Assistants
Physicians and Surgeons
Podiatrists
Registered Nurses
Therapists
Veterinarians

Occupation specialization (Optional):
Acute Care Nurses
Advanced Practice Psychiatric Nurses
Critical Care Nurses
Registered Nurses

*License: RN - California

*Date Of License: 12/2008 (MM/YYYY)

*Licensing Agency: Mission College

Country Issuing License: UNITED STATES

State Issuing License: CALIFORNIA

Export to Resume:

Export to Employment Application: You have the choice of showing any of the Professional licenses / Certifications by clicking on export to employment application or resume.

Note: Use Ctrl/Command button to select Multiple values

Section G – Submitting Attachments

Click on Add Attachments to get started

Section G - Attachments/ Credentials **Add Attachments**

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Please attach copies of supporting documents.
PLEASE CLICK ON CHECK BOXES TO ATTACH DOCUMENTS REQUIRED BY EMPLOYER.

Resume	<input type="checkbox"/> Test_resume.doc <input type="checkbox"/> chinovalleyMedical_jobseeker resume.doc <input type="checkbox"/> AnaheimMedical_jobseeker resume.doc
Certificate Copy	<input type="checkbox"/>

click Add attachments to add resume and or other documents

Professional Licenses/Certification **Return to Employment Application**

Note: All * fields are mandatory

PICK RESUME/ CV FROM YOUR FILES

* Attach File:

* Type: Note: Maximum folder size is 10MB. Used folder space: 1%

Select one

- Select one
- Answers to Supplemental Questions
- C-19 Letter
- CCPR/First Aid Certification
- Certificate Copy
- Cover Letter
- Credential Copy
- English Learner Authorization
- Fingerprint Clearance
- Health
- Letter of Introduction
- Letter of Recommendation
- Letter of Reference
- No Child Left Behind Compliance
- Other
- Paper Employment Application
- Paraprofessional Testing
- Personal statement
- Proof of HS Graduation
- Resume

File Name	Size	Added Date	Actions
AnaheimMedical_jobseeker...	19.0KB	09/07/2009	✗
chinovalleyMedical_jobseeke	19.0KB	09/03/2009	✗
test reference.bt	0.0KB	07/22/2009	✗
Test_resume.doc	19.0KB	06/21/2009	✗
wincmp3.ini	5.0KB	06/25/2009	✗

CHOOSE RESUME FROM TYPE TO ATTACH RESUME or CV

Section I - Citizenship detail

Section I - Country of Citizenship and Work Permit				Edit
Are you a U.S. Citizen?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, give the Country of your citizenship		
If Dual Citizen				
Do you claim veterans' Preference?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Work permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section J - Conviction		Edit
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

click on edit to identify work permit and/ or country of citizenship detail

Residency data	
*Dual Citizenship	<input type="radio"/> Yes <input checked="" type="radio"/> No
Country of Citizenship	Select One AFGHANISTAN ALBANIA You are citizen of UNITED STATES Note: Use Ctrl/Command button to select Multiple values
*Country of residency (current)	UNITED STATES
*Citizenship	<input checked="" type="radio"/> Citizen by birth <input type="radio"/> Citizen Born Abroad <input type="radio"/> Naturalized Citizen

indicate work permit status if country of citizenship is not United States

If permanent resident do the following

Residency data	
*Dual Citizenship	<input type="radio"/> Yes <input checked="" type="radio"/> No
Country of Citizenship	PARAGUAY PERU PHILIPPINES You are citizen of PHILIPPINES Note: Use Ctrl/Command button to select Multiple values
*Country of residency (current)	UNITED STATES
*Citizenship	<input checked="" type="radio"/> Permanent Resident Alien <input type="radio"/> Foreign National
*Residency Type	<input type="text"/>
*Residency Number	<input type="text"/>

example - green card, resident alien

If not a permanent resident indicate work visa detail

Residency data

*Dual Citizenship Yes No

Country of Citizenship
PARAGUAY
PERU
PHILIPPINES
UNITED STATES


You are citizen of PHILIPPINES
Note: Use Ctrl/Command button to select Multiple values

*Country of residency (current)
UNITED STATES

*Citizenship
 Permanent Resident Alien
 Foreign National

Visa
Do you have work permit in the Country of Residency Yes No

*Visa Type **Example - H1**

*Valid Till  **10** (MM/YYYY)


Click on return to application to certify and submit application

11. Click on I Agree / Accept to agree to the terms and then click on “Fill - Supplemental Questionnaire”.

12. Validation of work experience against min years of experience on job posting. You will get the following message if Section B is not filled out.

Have you ever been convicted of a crime?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Loading
<small>(You do not need to disclose convictions arising out of minor violations of a Vehicle Code but you do need to disclose all misdemeanors and felony convictions, even those set aside under Penal Code section 1203.4) Convictions are not automatic bars to being accepted for employment.</small>		
Conviction Code:	12	
Year of Conviction:	2008	
Description:	iodfdashfkds	

Message from webpage

 This position requires minimum 3 years of experience in Healthcare Support Occupations. A resume cannot be submitted in lieu of filling out section B on the employment application

OK

Section K - Applicant Certification

I certify that there are no willful or negligent omissions of material information on this application and continued employment of me is contingent upon the successful completion of the application process. I understand that initial employment or immediate termination of employment requires a pre-employment physical examination. I understand that a pre-employment physical examination has been made, which will include drug screening for illegal drugs. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after i begin work and may be punishable by fine or imprisonment. I understand that any information I give may be investigated. I also authorize my former employers and other individuals to give any information concerning me, whether or not it is in their records, and I hereby release them and their companies or institutions from any liability whatsoever.

I Agree/Accept

Signature Job Seeker	Date (mm/dd/yyyy) 10/19/2010
----------------------	------------------------------

[Click to Fill - Supplemental Questionnaire](#)

Supplemental Questionnaire

Employment Application



Position ID:SOH 158,Position Title:PRECEPTOR RN.

Do you have any relatives working at SHERMAN OAKS HOSPITAL ? yes no

if yes, please provide name(s) and which facility (Maximum characters: 100)

Are you at least 18 years old? yes no

(If under 18, hire is subject to verification that you are of minimum legal age.)

Were you previously employed at the facility in which you are applying? yes no

If yes, reason for leaving

(Maximum characters: 250) You have characters left.

Have you worked under another name(s)? yes no

If answer is yes, what name(s) did you use (Maximum characters: 100)

How did you hear about us?

(Maximum characters: 250) You have characters left.

Name of the person who referred you to us: (Maximum characters: 100)

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.

(Maximum characters: 250) You have characters left.

(Note: We comply with state and federal disability laws and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire might be subject to passing a medical examination and to skill and agility tests.)

Have you been excluded from participating in the Medicare or Medicaid programs? yes no

if yes, please provide reason(s)

because of eligibility

(Maximum characters: 250) You have 250 characters left.

Please Read Carefully, Initial Each Paragraph, and Sign Below

I understand that nothing contained in this application or in the granting of an interview is intended to create an offer of employment or an employment contract between SHERMAN OAKS HOSPITAL and myself for either employment or for any other benefit. I understand that employment with SHERMAN OAKS HOSPITAL is considered to be "At Will" employment. As such, I understand that if I become employed by SHERMAN OAKS HOSPITAL, my employment will not be for a specified term and will be at the mutual consent of SHERMAN OAKS HOSPITAL and myself. Accordingly, either SHERMAN OAKS HOSPITAL or I may terminate the employment relationship "at will", with or without cause, at any time, with or without notice. I understand that no one, other than the CEO of SHERMAN OAKS HOSPITAL has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I understand that any change to the "At Will" nature of my employment should I be hired would require the express written approval of the CEO of SHERMAN OAKS HOSPITAL.

I Agree (JobSeeker)

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I authorize SHERMAN OAKS HOSPITAL to investigate all statements contained in this application. I understand and agree that any false statements, misrepresentations, or omissions of facts appearing on this application or any other employment form or medical information/examination form will result in immediate dismissal or removal of my application for consideration. I authorize SHERMAN OAKS HOSPITAL to secure information about my background and/or experience with former employers, education institutions, agencies and government entities and for those parties to provide information concerning my background and/or experience, and I hereby release SHERMAN OAKS HOSPITAL and all other parties from any liability arising therefrom.

I Agree (JobSeeker)

I understand that any offer of employment will be conditioned upon my successful completion of a pre-employment criteria including a physical examination, a substance abuse test, a criminal records check, and other informational items as may be required by SHERMAN OAKS HOSPITAL. I understand that failure to take or pass a physical examination, substance abuse test, criminal background check, or other items legally required by SHERMAN OAKS HOSPITAL at any time during my employment may result in immediate dismissal. I further agree to abide by the existing rules of SHERMAN OAKS HOSPITAL and any rules and regulations as may become effective during my employment.

I Agree (JobSeeker)

I understand that if I am offered employment by SHERMAN OAKS HOSPITAL, I will be required to sign an Arbitration Agreement as a condition of employment. This agreement will provide that any and all disputes between myself and SHERMAN OAKS HOSPITAL, including but not limited to disputes arising out of or relating to my employment or the termination of my employment, will be subject to resolution only through final binding arbitration in accordance with the Arbitration Agreement, including applicable rules and regulations of the American Arbitration Association.

I Agree (JobSeeker)

By typing my name in the following box I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information. I understand that this digital signature will be binding as my actual signature.

Jobseeker

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Application Data Collection Form

Employment Application



Questioner Form:Position ID:SOH 158,Position Title:PRECEPTOR RN.

Applicant Data Collection Form - Employer and Jobseeker

State law requires employers to obtain information from each job applicant concerning the applicant's race, sex, national origin and the job for which the applicant is applying. This form is used to provide each applicant with an opportunity to furnish such information voluntarily. Accordingly, if you decide not to provide the information, your decision will not be held against you. All information that is provided will be used for record-keeping purposes only and will be kept separate from an employee's main personnel file. Furthermore, such information will not be used for any discriminatory purpose.

If you choose to provide the information, please complete the following:

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) - A person having 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.
- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Sex Male Female

Position Applied For: PRECEPTOR RN

Date: 11/11/2010

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