



5845 Owens Avenue
 Carlsbad, CA 92008
 Phone: 760.804.6890
 Fax: 760.804.6899
www.catransplant.org

Employment Application

California Transplant considers all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job-related medical condition or handicap, or other legally protected status. California Transplant is an EQUAL OPPORTUNITY EMPLOYER.

California Transplant is a drug-free and smoke-free work environment. We Drug Test.

AN APPLICATION WHICH PROVIDES UNREQUESTED INFORMATION WILL BE REJECTED.

BACKGROUND INFORMATION WILL BE VERIFIED. FALSE INFORMATION WILL RESULT IN REJECTION OR TERMINATION.

(PLEASE PRINT CLEARLY)

Personal Information

Name _____ E-mail: _____ Date of Application _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Work/Message Phone () _____

Other names under which you have worked or have been known: _____

Are you over 18 years of age? Yes No

After employment, can you submit verification of your identity & legal right to work in the United States? Yes No

List any friends or relatives who have applied for employment with California Transplant. _____

Can you travel if this is applicable to the position you are applying for? Yes No

Convictions will not necessarily disqualify an applicant from employment.

Position

This application is considered current for 120 days only. At the end of this period, if you are still interested in employment it will be necessary for you to reapply by filling out a new application.

Position applied for: _____ Position/Req. #: _____ Date available: _____

Please circle appropriate responses

Available to work: Full-Time Part-Time Consultant Temporary Salary/wage expected: \$ _____

Will you work: Overtime Saturday Sunday Shift Work (if applicable)

How were you referred to California Transplant? Employee Referral: Advertisement Agency Web-site: .com Other

Have you ever applied for employment with California Transplant? Yes No If yes, give dates: _____

Have you ever worked for California Transplant? Yes No If yes, give start & end dates: _____

Can you perform the essential functions of the job you are applying for, either with or without reasonable accomodation? Yes No

If reasonable accomodation is necessary, please explain what may be done to accommodate you? _____

Can you meet the attendance requirements of this job? Yes No

Computer Skills

Please list specific computer hardware and software experience and skills. _____ WPM _____ 10 Key _____ (if applicable) (if applicable)

Education

NAME/LOCATION	DIPLOMA/DEGREE EARNED	Credits	MAJOR	GPA	DEGREE COMPLETE	
High School					Yes	No
College/Univ.					Yes	No
College/Univ.					Yes	No
Graduate					Yes	No
Other Training					Yes	No

Specify number of College credits earned if no degree was obtained. If a diploma was obtained, a copy may be requested.

Publications, Patents, Scholastic Honors and Awards *(optional)*

*Professional, Trade and Business Association Memberships *(optional)*

**Exclude memberships or information which would reveal sex, race, religion, national origin, age, ancestry, handicap, sexual orientation, or other protected status.*

Employment History

During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems? No Yes If yes, please explain: _____

Employment History

Include most recent employer first. If more space for employers is needed use another copy of the application form and include as an attachment.

Employer	Phone Number	E-mail Fax	
Address	City	State	Zip
Supervisor's Name/Title	Phone Number(s)		
Reason for Leaving	Employment Dates	From (M/Y)	To (M/Y)
Job Title	Salary (Base Pay)	Start \$	End \$
Job Duties/Responsibilities			

Employer	Phone Number	E-mail Fax	
Address	City	State	Zip
Supervisor's Name/Title	Phone Number(s)		
Reason for Leaving	Employment Dates	From (M/Y)	To (M/Y)
Job Title	Salary (Base Pay)	Start \$	End \$
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Reason for Leaving	Employment Dates	From (M/Y)	To (M/Y)
Job Title	Salary (Base Pay)	Start \$	End \$
Job Duties/Responsibilities			

References

Please list **four (4)** professional references that we may contact.

Name	Phone Number(s)	Company/Address	Title

May we contact your present employer?	Yes	No	Not Applicable
May we contact your previous employer?	Yes	No	Not Applicable



I understand that if I am offered employment by California Transplant, I will be required, within three working days, to present documents of identification and authorization to work in the United States in compliance with the Reform Control Act of 1986 and as a condition of employment.

I understand that all applicants tentatively selected for a position with California Transplant may be required to submit to a urinalysis test for illegal drug use prior to appointment. I further understand that any offer of employment by California Transplant is contingent upon the results of testing for the use of illegal drugs.

I hereby certify that the foregoing statements are true and correct. I understand that my statements will be relied upon by California Transplant in considering me for employment. I hereby authorize investigation of all statements contained in this application, and permit California Transplant to obtain any transcripts, diploma's, credit reports, records, documents, performance and salary information pertaining to my background, education and business experience as a condition of employment. I agree to release California Transplant and any organization furnishing such transcripts, records, documents from any liability arising therefrom, including damages relating to the furnishing of such information to California Transplant and the use or disclosure of such information by California Transplant. I understand that any misstatement, omission or false statement is sufficient cause for rejection of this application, or termination of employment if discovered subsequent to my employment.

I understand and acknowledge that if I am employed with California Transplant, my employment will be considered "at-will," will not be for any specified term and may be terminated by me or by California Transplant at any time, for any reason, with or without cause, and with or without notice. I acknowledge that no representative of California Transplant has been, or is authorized to enter into any agreement or commitment with me which is in any way inconsistent with the terms of this paragraph. I understand that the terms of this paragraph may not be modified in any way except by a written agreement signed by me and the President of California Transplant, which expressly states the intentions of the parties to modify the terms of this paragraph. I further understand this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.

I understand, also, that if hired by California Transplant, I will comply with all policies, procedures, rules, regulations, standards of conduct & provisions of California Transplant employee handbook (each which may be revised or amended from time to time), and I will abide by California Transplant's business standards regarding its mission, values and strategy statements. I shall preserve in strictest confidence all information concerning the business of California Transplant & its customers and I agree to sign California Transplant's Employee Proprietary Information Agreement pertaining to confidential information. During employment with California Transplant, I shall not be otherwise employed or self-employed in a manner which would create a conflict of interest with my employment with California Transplant. In the event I am hired for an hourly or non-exempt position, I understand that working overtime and weekends (when required) will be a condition of employment.

Signature of Applicant _____

Date _____