



Inland Hospital

Where YOU come first

PLEASE PRINT

Name: _____ Date: _____
 First Last Middle

Mailing Address: _____

Phone: _____ Social Security#: _____

E-mail Address: _____

Date of Birth: _____

Previous Employment: _____

May I contact your previous employer? Yes No

If no, please state reason: _____

Have you ever been convicted of a felony? Yes No

If yes, please specify: _____

Is volunteer work required for school credit? Yes No

Do you have a relative working here? Yes No

Referred by: _____

Hobbies: (Please list things you enjoy doing, such as cooking, arts/crafts, woodworking, etc.)

Do reasonable accommodations need to be taken into consideration before assigning you at a volunteer station? Yes No

If yes, please describe: _____

Person to contact in case of an emergency:

Name: _____ Phone #: _____

Address: _____ Relationship: _____

List references (People who know you but who are not related.)

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

I understand that a background check will be done. Please accept my signature as approval for this background check.

Name (Signature)

Approved 6/08 **Addendum to PP #4**