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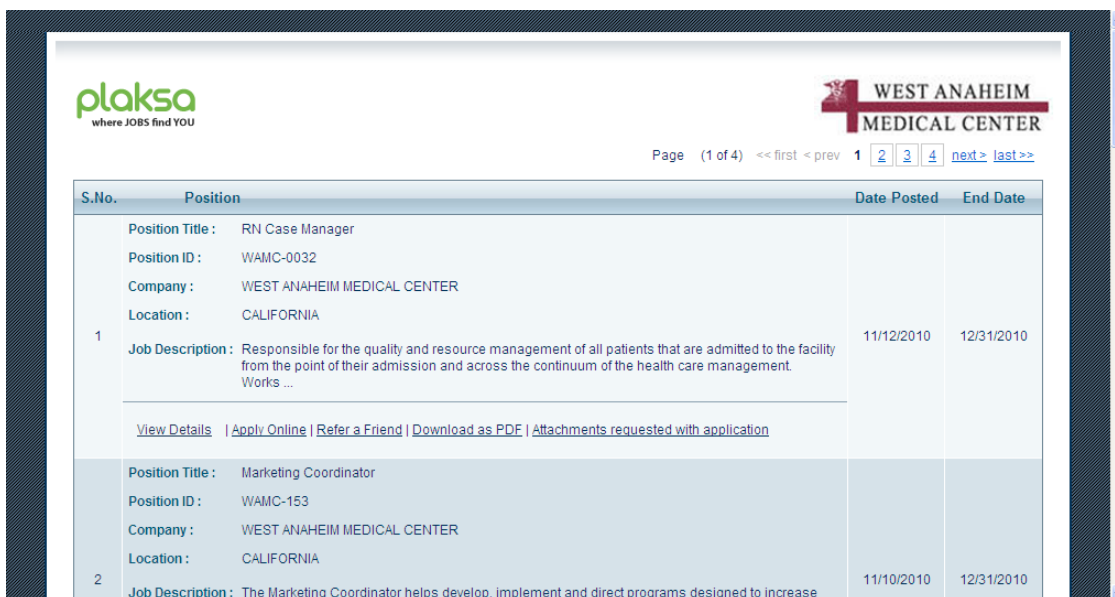
Instructions for submitting employment application to Prime Healthcare – West Anaheim Medical Center

View West Anaheim Medical Center Job Openings.

1. Click on link to view open positions at West Anaheim Medical Center.



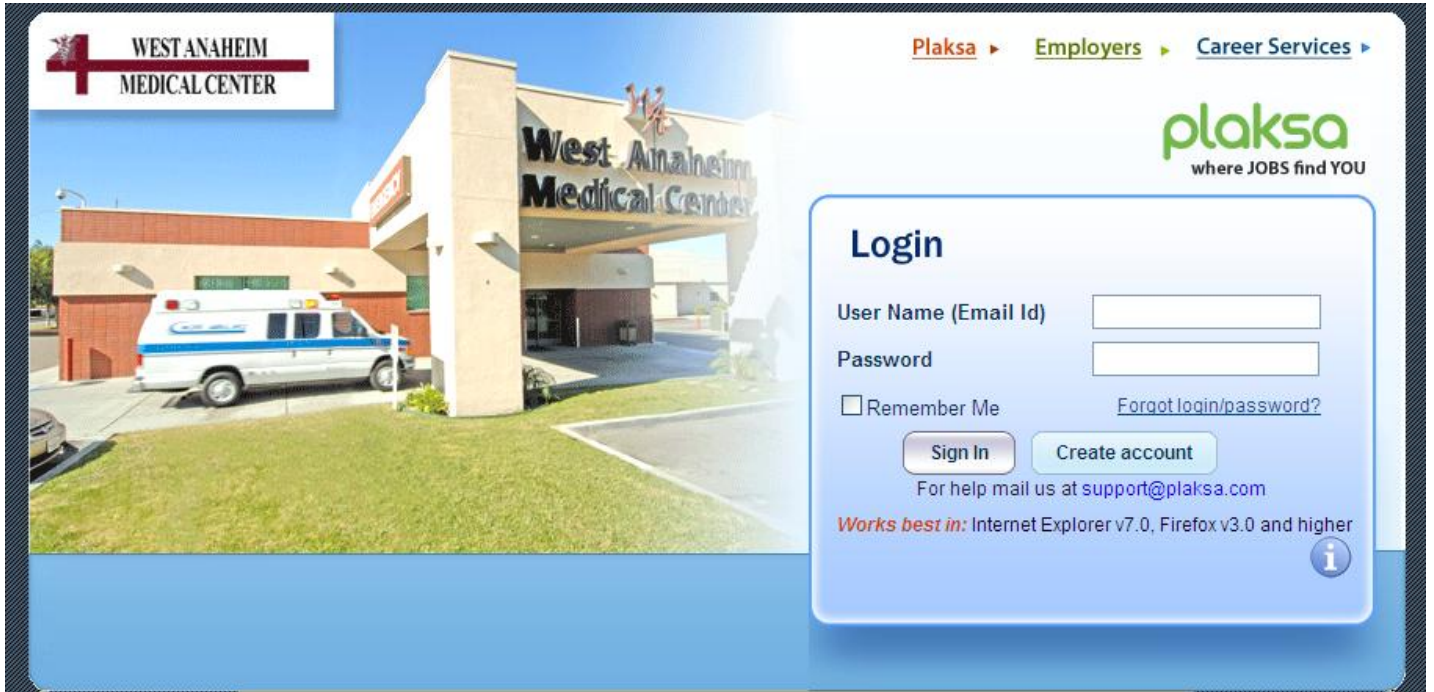
2. You will see the list of jobs as displayed below



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 for West Anaheim Medical Center. On the left, there is a photograph of the medical center building with a white ambulance parked in front. The text "WEST ANAHEIM MEDICAL CENTER" is visible in the top left corner of the image area. In the top right corner, there are navigation links: "Plaksa", "Employers", and "Career Services". The Plaksa logo, "plaksa where JOBS find YOU", is positioned in the upper right. The main content area features a "Login" section with the following elements:

- User Name (Email Id)**: A text input field.
- Password**: A text input field.
- Remember Me
- [Forgot login/password?](#)
- Sign In** button
- Create account** button
- For help mail us at support@plaksa.com
- Works best in:** Internet Explorer v7.0, Firefox v3.0 and higher
- Information icon (i)

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.

**WEST ANAHEIM
MEDICAL CENTER**

[Create Account](#) [Login ?](#)

plaksa
where JOBS find YOU

*Note: All * fields are mandatory*

* **First Name**

* **Last Name**

* **Email Address**
 ?

* **Confirm Email Address**

* **Password**

* **Confirm Password**

* **Country of Residency**

PLEASE READ:

- 1) PLAKSA IS A "FREE" ACCOUNT FOR CONSUMERS/ JOBSEEKERS.
- 2) AN EMAIL WILL BE SENT FROM SUPPORT@PLAKSA.COM ONCE YOU CLICK ON "CREATE ACCOUNT".
- 3) PLEASE OPEN EMAIL AND CLICK ON A BUTTON CALLED "ACTIVATE NOW"
- 4) PLEASE DO CHECK YOUR SPAM FOLDER FOR EMAILS FROM SUPPORT@PLAKSA.COM. WE RECOMMEND ADDING SUPPORT@PLAKSA.COM TO YOUR CONTACT LIST WHICH WILL ENSURE YOU RECEIVE EMAILS FROM EMPLOYERS

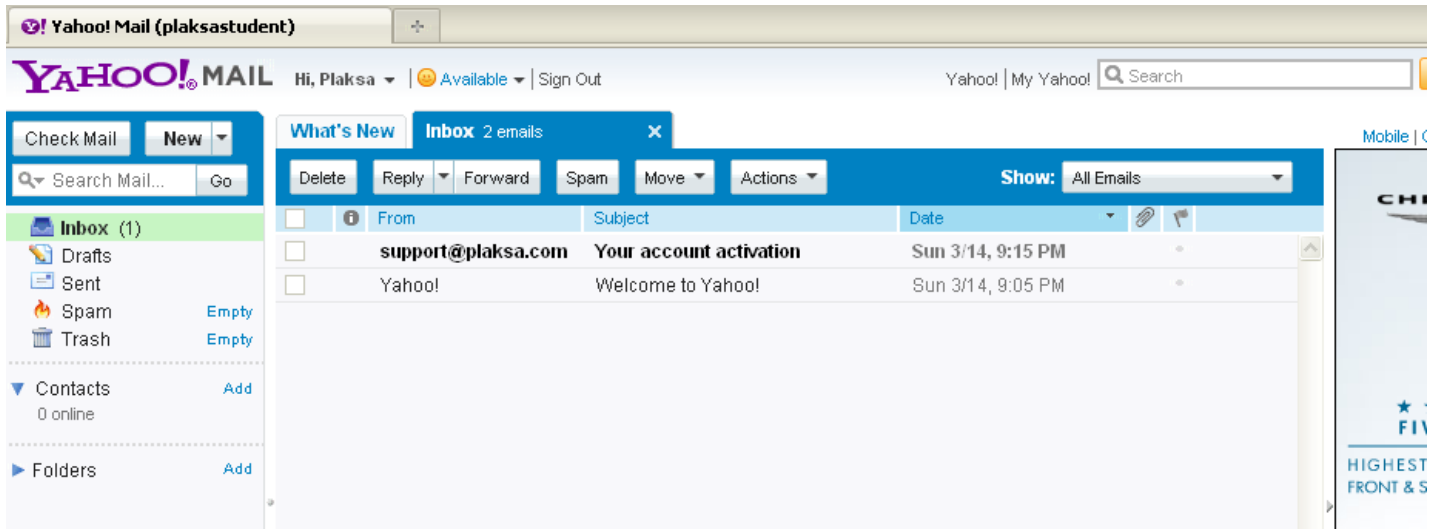
[Create Account](#) [Clear](#)

6.



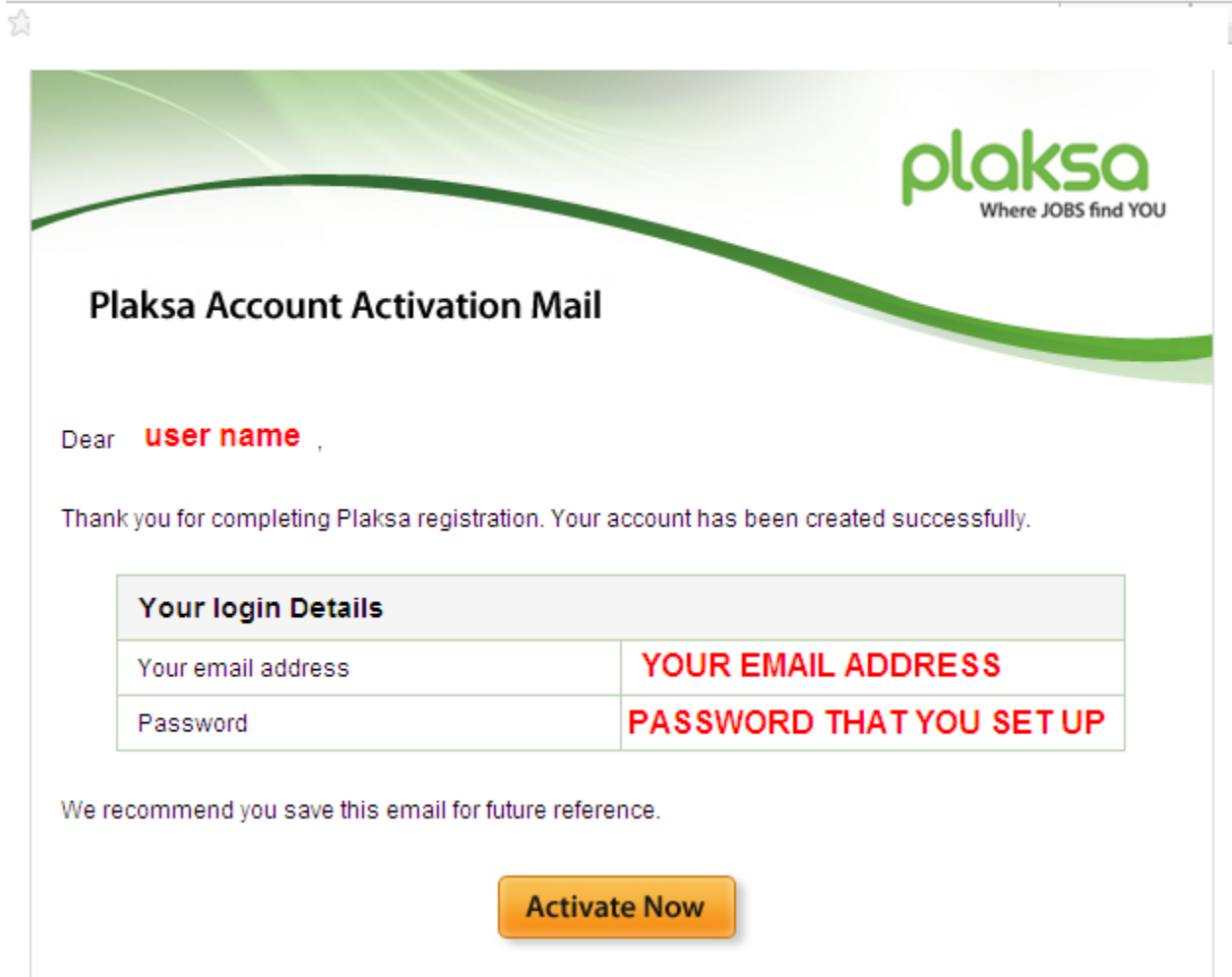
7. You will receive an email with your access details. You will have to open the email to activate your account

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.

WEST ANAHEIM
MEDICAL CENTER

Plaksa ▶ Employers ▶ Career Services ▶

plaksa
where JOBS find YOU


Login

User Name (Email Id)

Password

Remember Me [Forgot login/password?](#)

For help mail us at support@plaksa.com


Works best in: Internet Explorer v7.0, Firefox v3.0 and higher 

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	RN Case Manager	Announcement number	WAMC-0032
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/ Apprenticeship 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

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 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.



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


Note: Use Ctrl/Command button to select Multiple values

Occupation specialization (Optional)

- Acute Care Nurses
- Advanced Practice Psychiatric Nurses
- Critical Care Nurses
- Registered Nurses

Note: Use Ctrl/Command button to select Multiple values

***License** RN - California

***Date Of License** 12/2008  10 (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.

Update **Reset**

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%

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	✗

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

CHOOSE RESUME FROM TYPE TO ATTACH RESUME or CV

- 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

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	<div style="border: 1px solid gray; padding: 2px;">Select One AFGHANISTAN ALBANIA</div> You are citizen of UNITED STATES Note: Use Ctrl/Command button to select Multiple values
*Country of residency (current)	<div style="border: 1px solid gray; padding: 2px;">UNITED STATES</div>
*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	<div style="border: 1px solid gray; padding: 2px;">PARAGUAY PERU PHILIPPINES</div> You are citizen of PHILIPPINES Note: Use Ctrl/Command button to select Multiple values
*Country of residency (current)	<div style="border: 1px solid gray; padding: 2px;">UNITED STATES</div>
*Citizenship	<input checked="" type="radio"/> Permanent Resident Alien <input type="radio"/> Foreign National
*Residency Type	<div style="border: 1px solid gray; padding: 2px;"></div>
*Residency Number	<div style="border: 1px solid gray; padding: 2px;"></div>

example - green card, resident alien

If not a permanent resident indicate work visa detail

Residency data

*Dual Citizenship Yes No

Country of Citizenship

*Country of residency (current)


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

*Citizenship Permanent Resident Alien Foreign National

Visa

Do you have work permit in the Country of Residency Yes No **Example - H1**

*Visa Type

*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

Section K - Applicant Certification

I certify that there are no willful omissions of information on this application and continued employment of me is contingent upon the successful completion of the employment process. I understand that initial employment or immediate termination of employment requires 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



Questionnaire Form: Position ID: WAMC-0032, Position Title: RN Case Manager.

Do you have any relatives working at WEST ANAHEIM MEDICAL CENTER ? 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 WEST ANAHEIM MEDICAL CENTER and myself for either employment or for any other benefit. I understand that employment with WEST ANAHEIM MEDICAL CENTER is considered to be "At Will" employment. As such, I understand that if I become employed by WEST ANAHEIM MEDICAL CENTER, my employment will not be for a specified term and will be at the mutual consent of WEST ANAHEIM MEDICAL CENTER and myself. Accordingly, either WEST ANAHEIM MEDICAL CENTER 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 WEST ANAHEIM MEDICAL CENTER 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 WEST ANAHEIM MEDICAL CENTER.

I Agree (Job Seeker)

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I authorize WEST ANAHEIM MEDICAL CENTER 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 WEST ANAHEIM MEDICAL CENTER 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 WEST ANAHEIM MEDICAL CENTER and all other parties from any liability arising therefrom.

I Agree (Job Seeker)

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 WEST ANAHEIM MEDICAL CENTER. I understand that failure to take or pass a physical examination, substance abuse test, criminal background check, or other items legally required by WEST ANAHEIM MEDICAL CENTER at any time during my employment may result in immediate dismissal. I further agree to abide by the existing rules of WEST ANAHEIM MEDICAL CENTER and any rules and regulations as may become effective during my employment.

I Agree (Job Seeker)

I understand that if I am offered employment by WEST ANAHEIM MEDICAL CENTER, 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 WEST ANAHEIM MEDICAL CENTER, 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 (Job Seeker)

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.

Powered by <http://www.plaksa.com>

Employment Application



Form:Position ID:WAMC-0032,Position Title:RN Case Manager.

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 employer'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: RN Case Manager

Date: 11/12/2010

[Apply Now](#)

Powered by <http://www.plaksa.com>