

MEDICAL CANDIDATE INFORMATION FORM

Last Name

First Name

Middle Initial

Home Address, Apt. #

City

Zip Code

Home Phone #

Cell Phone or Other #

E-mail address

Employee's Position

Type of License

Years Experience

Nearby Cities and Counties

Other Cities willing to relocate to

Facility Of Interest

Facility	City	County
ASP	AVENAL	KINGS
CAL	CALAPATRIA	IMPERIAL
CCC/HDSP	SUSANVILLE	LASSEN
CCI	TEHACHAPI	KERN
CCWF/VSPW	CHOWCHILLA	MADERA
CEN	IMPERIAL	IMPERIAL
CIM	CHINO	SAN BERNARDINO
CIW	CORONA	RIVERSIDE
CMC	SAN LUIS OBISPO	SAN LUIS OBISPO
CMF/SOL	VACAVILLE	SOLANO
COR/CSA	CORCORAN	KINGS
CRC	NORCO	RIVERSIDE
CTF/SVSP	SOLEDAD	MONTEREY
CVSP	BLYTHE	RIVERSIDE

Facility	City	County
DVI	TRACY	SAN JOAQUIN
FSP/SAC	REPRESA	SACRAMENTO
ISP	BLYTHE	RIVERSIDE
KVSP/NKSP	DELANO	KERN
LAC	LANCASTER	LOS ANGELES
MCSP	IONE	AMADOR
PBSP	CRESENT CITY	DEL NORTE
PVSP	COALINGA	FRESNO
RJD	SAN DIEGO	SAN DIEGO
RJD	SAN DIEGO	SAN DIEGO
SCC	JAMESTOWN	TOLOUMNE
SQ	SAN QUENTIN	MARIN
WSP	WASCO	KERN

Facilities within 50 miles of Zip Code Radius

Type of Position Seeking:

- Part Time Full Time Temporary Per Diem Contracted Seasonal Other _____

How did you hear about us:

- Craigslist Post Card Cal Jobs Ad Jobvertise Received Call Referred by Friend: _____

- School: _____ Other: _____

Are you currently employed? Yes No Not. Req. to Leave: _____ State Hrs this fiscal year? : Yes No

Current Pay Type

Minimum Acceptable Pay Rate

- Employee Contractor \$ _____ per hour \$ _____ per hour

Quoted Pay Rate

- W2 1099 \$ _____ per hour **Comments:** _____

Comments: _____

Date: _____

Call Taken By: _____

Packet (E)/Mailed: _____
Date

Immediate Opening

No Current Opening

Checked By: _____