

APPLICATION FOR EMPLOYMENT

APPLICATION IS GOOD FOR 90 DAYS AFTER RECEIPT

Gila Regional Medical Center is an Equal Opportunity Employer and does not discriminate on the basis of race, age, religion, color, sex, national origin, ancestry, sexual orientation, gender identity, disability or spousal affiliation.

Personal

(PLEASE PRINT PLAINLY)

Date _____

Name _____ Social Security No. _____
Last First Middle Initial

Mailing Address _____
No. Street City State Zip

Home Address _____ Telephone No. () _____

Previous Address _____ How long did you live there? _____
No. Street City State Zip

Position(s) applying for: 1. _____ Rate of pay expected? \$ _____ per _____
2. _____ Rate of pay expected? \$ _____ per _____

How did you learn of this opening? _____

Do you want to work: Full-time or Part-time. Specify days and hours if part-time _____

Have you worked for us before? _____ If yes, when? _____

List any relatives working for us and their relation to you _____

If hired, on what date will you be available to start work? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work at the hospital?

Are you now, or have you ever been on the Department of Health and Human Services Sanctioned List? Yes No

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If yes, describe in full _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name _____ Phone Number _____
Address _____

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Educational Background

Type of School	Name and Address	How Many Years Attended	Graduated				Course or Major
High School			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
GED (specify)			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
College/University			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Business or Trade			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Current Licensure and/or Certification _____

Personal References

(Excluding Former Employers or Relatives)

Name	Address	Phone Number
1.		
2.		
3.		

Prior Work History (List in order, last or present employer first) (May attach resume)

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason for leaving
FROM	TO		START	FINISH		
Describe the work you did.						

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Describe the work you did.						

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact and why.

APPLICANT'S CERTIFICATION AND AGREEMENT (PLEASE READ CAREFULLY)

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that before being employed by Gila Regional Medical Center (GRMC), I will be required to take a drug and alcohol test(s). I further understand that the results of this test(s) must be negative as a prerequisite for employment. I agree that the results of any tests be released to GRMC's Human Resource Department and do completely discharge Gila Regional from any and all claims or liability arising out of such examinations, or the release of results to GRMC's Human Resource Department.

I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I hereby authorize you to make any investigation of my personal and employment history through any means you choose.

Signature of Applicant: _____