EAST PHILLIPS COUNTY HOSPITAL DISTRICT EMPLOYMENT APPLICATION

1001 E. Johnson Street - Holyoke, CO 80734

Applicant Information: All sections must be completed even if resume is included. Additional paper may be attached if needed.

Last Name:	First Name:		Middle Initial:
Address:	City:	State:	Zip Code:
Home Telephone: / Cell Number:	Social Security Number:	Date Available:	Starting Salary Needed:

Have you ever worked for Melissa Memorial Hospital, or were you ever a contract employee for MMH? ☐Yes ☐No

If yes, where? When? Under what name?

Do you have a friend or relative working here? ☐Yes ☐No

If yes, name: Department: Relationship:

Our minimum age for hiring is 17. Please check the appropriate box for your age group. ☐17 ☐18+

Position Information: A separate application must be completed for every two positions.

Position you are applying for:	Second Position:

Will accept (check all that apply): ☐Day ☐Evenings ☐Nights ☐Weekends ☐Full-time ☐Part-time ☐Temp ☐Per Diem

Skills: Check each of the skills listed below in which you are proficient.

Computer:		**Clinical:**		**Other:**
☐Windows	☐DOS	☐Cardiac Rehab	☐OR/Surgery	☐Medical Terminology
☐Outlook	☐Programming	☐Critical Care	☐Ortho/Neuro	☐Medical Billing
☐Microsoft Office	☐Network Environment	☐Emergency	☐Pediatric	☐Medical Records Coding
☐Word	☐Web Design	☐EMS	☐Psych Care	☐Filing
☐Excel	☐Graphics	☐Home Health	☐Radiology	☐Switchboard
☐Access	☐Desk Top Publishing	☐Intensive Care	☐Skilled Nsg.	☐Transcription
☐PowerPoint	☐Other_____	☐Med/Surg	☐Telemetry	☐Typing wpm_____
☐Data Entry	☐Other_____	☐OB/GYN	☐_____	☐Other_____
☐10 key	☐Other_____	☐Oncology	☐_____	☐Other_____

Languages: List languages, other than English, in which you are fluent:_____

Education:

School	Name of School	Location	Course of Study	Did you Graduate	Year Completed
High School				☐Yes ☐No	1 2 3 4
College					
Other					

Professional licenses, registration and/or certifications: DO NOT include driver's license

Type:	State:	Date Issued:	Expires:	Number:
Type:	State:	Date Issued:	Expires:	Number:
Type:	State:	Date Issued:	Expires:	Number:

Has your professional license ever been suspended or revoked? ☐No ☐Yes If yes, explain:

Employment History: The following information must be completed. List the most recent position first.

May we contact your current employer? ☐Yes ☐No If no, explain:

Start Date: Mo. Yr.	Name of Employer:				Position Title:	Ending Salary: $ Per
End Date Mo. Yr.	Address: Street	City	State	Zip	Supervisor:	Telephone: ( )
Briefly describe the work you performed:					Reason for leaving:	
Start Date: Mo. Yr.	Name of Employer:				Position Title:	Ending Salary: $ Per
End Date Mo. Yr.	Address: Street	City	State	Zip	Supervisor:	Telephone: ( )
Briefly describe the work you performed:					Reason for leaving:	
Start Date: Mo. Yr.	Name of Employer:				Position Title:	Ending Salary: $ Per
End Date Mo. Yr.	Address: Street	City	State	Zip	Supervisor:	Telephone: ( )
Briefly describe the work you performed:					Reason for leaving:	

REFERENCES

REFERENCES: PLEASE LIST THREE (3) REFERENCES WE MAY CONTACT
Name/Phone Number
Name/Phone Number
Name/Phone Number

CRIMINAL HISTORY

Criminal History: Please note that conviction of a crime is not an automatic disqualification for consideration for employment. Falsification of information will result in rejection of application, withdrawal of conditional job offer or termination of employment.		
Have you ever plead guilty to, been convicted of, or received probation, probation with an alternative sentence, conditional discharge or pretrial diversion for any crime? If yes, list information on criminal offense(s), date(s), and disposition:	**YES**	**NO**
Are you currently serving probation, conditional discharge, or pretrial diversion for any crime? If yes, provide details on offense, disposition and current status:	**YES**	**NO**
Have you ever been accused or convicted of Medicare Fraud or Abuse?	**YES**	**NO**
Explain any "yes" responses:		

CRIMINAL HISTORY CHECK WAIVER

AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION FOR EMPLOYMENT PURPOSES

To the applicant: This form must be filled out completely. Leave **NO** blanks. Direct any questions to the Human Resources office. READ ALL INFORMATION CAREFULLY BEFORE SIGNING.

I hereby authorize East Phillips County Hospital to utilize the services of an outside agency to make an investigation of my criminal history records. I understand that these investigations will include information of public record, which could include DMV records; civil and criminal court records; county, state and federal tax liens; and other records, as may be appropriate. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims I have or may have against you and any outside agency utilized by you as a result of any information which is obtained in this investigation. I understand that this information will be used only for employment, or for legitimate business purpose.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

PLEASE PRINT CLEARLY			
Last Name	First Name		Middle Name
Other Names Used - include maiden name, aliases and nick names			
Address			
City	State		Zip Code
Telephone ( )	Social Security Number		Date of Birth
Drivers License Number	State	Expiration Date	Type

SIGNATURE	
Signature	Date