

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Middle Park Health (MPH) does not discriminate because of race, color, creed, age, sex, marital status, religion, disability, national origin, or veteran's status.

Please fill out application completely and **print** clearly. A clear understanding of your background is helpful in placing you in an appropriate position. **An incomplete application may not be accepted**. This application will be kept on file for a period of one year.

APPLICANT DATA:

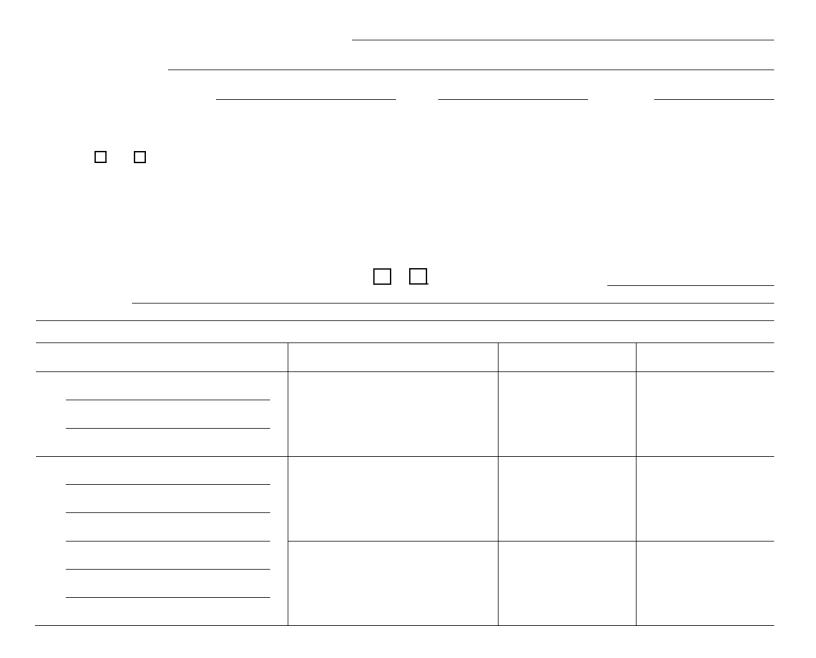
First Name

Last Name

	(Last)	(First)	(1	Middle)
Address:	(Mailing Address)	(City)	(State)	(7:)
	(Mailing Address)	(City)	(State)	(Zip)
Email Address:				
Phone:		Message Phone:		
Social Security #:		Are you at	east 16 years old?	s No
<u>Ar</u> e you a <u>ci</u> tizen of t	he U.S.? Yes No If	f "No", Permanent Residency or Work Perm	it Number:	
DOCITIO	N/JOB INFORMA	ATION.		
rusiniu	INJUD INFUNIT			
Position Desired			Full Time	Part Time On Ca
Position Desired:			Full Time	Part Time 🗌 On Ca
Position Desired:		Expected Rate of Pay:\$		Part Time 🗌 On Ca
Date Available:				
Date Available:	ay Evening Night Are yo	Expected Rate of Pay: u willing to rotate shifts:YesNo Ar		
Date Available:	ay Evening Night Are yo	Expected Rate of Pay:\$		
Date Available: Shift Choices:Da Location Preference:	ay Evening Night Are yo	Expected Rate of Pay: u willing to rotate shifts:YesNo Ar	e you willing to work weel	
Date Available: Shift Choices:Da Location Preference: How did you hear ab	ay Evening Night Are yo Kremmling Granby out this position: School Bull	Expected Rate of Pay:	e you willing to work weel	
Date Available: Shift Choices:Da Location Preference:	ay Evening Night Are yo Kremmling Granby out this position: School Bull	Expected Rate of Pay:	e you willing to work weel	
Date Available: Shift Choices:Da Location Preference: How did you hear ab Other:	ay Evening Night Are yo Kremmling Granby out this position: School Bull	Expected Rate of Pay:	e you willing to work weel	kends? Yes No
Date Available: Shift Choices: Da Location Preference: How did you hear ab Other: Name and relationshi	ay Evening Night Are yo Kremmling Granby out this position: School Bull up of any relative in our facility: (If no	Expected Rate of Pay: u willing to rotate shifts:YesNo Ar Either letin BoardAgencyWalk-inN Referral, if so, who: 	e you willing to work weel /ewspaper:	kends? Yes No
Date Available: Shift Choices: Da Location Preference: How did you hear ab Other: Name and relationshi	ay Evening Night Are yo Kremmling Granby out this position: School Bull up of any relative in our facility: (If no	Expected Rate of Pay: u willing to rotate shifts:YesNo Ar Either letin BoardAgencyWalk-inN Referral, if so, who: 	e you willing to work weel /ewspaper:	kends? Yes No

EDUCATION/SKILLS DATA:

Do you possess a high school diploma or GED?



EMDI OVMENT HISTODV

Present or Last Employer:			Date (Mo./Yr):	
			From:	To:
Address:			Total Time Employ	ed:
City:	State:	Zip Code:		
Phone:	Job Title:		Full Time	Part Time Hrs./Week
a			Temporary	On Call
Supervisor's Name and Title:			May We Contact?	
Detailed description of Duties:			Reason for Leaving	:
Second Previous Employer:			Date (Mo./Yr):	
Second Trevious Employer.			From:	To:
Address:			Total Time Employ	ed:
City:	State:	Zip Code:		
Phone:	Job Title:		Full Time	Part Time Hrs./Week
			Temporary	On Call
Supervisor's Name and Title:			May We Contact?	
			Yes No	
Detailed description of Duties:			Reason for Leaving	:
Third Previous Employer:			Date (Mo./Yr):	
			From:	To:
Address:			Total Time Employ	ed:
City:	State:	Zip Code:		
Phone:	Job Title:		Full Time	Part Time Hrs./Week
			Temporary	On Call
Supervisor's Name and Title:			May We Contact?	
			Yes No	
Detailed description of Duties:			Reason for Leaving	:
Fourth Previous Employer:			Date (Mo./Yr):	
Address:			From: Total Time Employ	To:
/ turi 055.			тока типе Епіріоу	
City:	State:	Zip Code:		
Phone:	Job Title:		Full Time	Part Time Hrs./Week

On Call

Phone:	Job Title:	Full Time
		Temporary
Supervisor's Name and Title:		May We Contact?
		Yes No
Detailed description of Duties:		Reason for Leaving:
Detailed description of Duties.		

APPLICANT CERTIFICATION/RELEASE OF INFORMATION

(Please Read Carefully)

I certify that the information contained in this application is true and complete. I understand that any misrepresentation or willful omission of facts is cause for immediate dismissal.

I hereby authorize MPH to investigate my statements and conduct a background investigation if deemed necessary. All employers, educational institutions, law enforcement agencies, state and federal courts, and references listed are hereby authorized to give MPH any and all information regarding my employment, background, or character. MPH and all employers, educational institutions, law enforcement agencies, state and federal courts, state and federal courts, and references are hereby released from any and all liability which may result from furnishing or using such information.

I understand that MPH complies with the ADA and makes reasonable accommodations for essential job	0
functions, as may be requested and appropriate. I further understand that it is a condition of employment tha	ıt
all employees will follow hospital policies and procedures.	

I also agree that any personal property carried by me to and from the MPH premises may be inspected by MPH authorized personnel.

 \Box I understand the MPH requires pre-employment drug screening of all of its employees, regardless of position offered within the facility. I further understand that if an employment offer should be made, this offer will be contingent upon the successful completion of a drug screen (negative result).

The use of the application blank does not indicate there are positions open and does not in any way obligate MPH. Additionally, this application should not be considered as an employment agreement. Any decisions regarding length of employment, interpretation, or application of policies or procedures by the Hospital will be final and binding on all parties concerned. I further agree that my employment and compensation can be terminated at will, with or without cause and with or without notice, at any time either at my option or at the option of MPH.

Applicant's Signature:	Date:	
PLEASE DO NOT WRIT	E BELOW THIS LINE	
Date of Interview:		
Discussed: Job Hours	Rotate Shifts: Yes No	
FT PT Other:	Hours per pay period:	
Starting Date & Time:	Starting Salary:	
Overtime: Exempt Non-Exempt		
Hired by:	Dept.:	
Replacement for:	Budgeted: Yes No	