



Referred by: _____

TRINITY HOSPITAL
Owned and Operated by Mountain Communities Healthcare District

EMPLOYMENT APPLICATION MCHD offers equal employment opportunities to all applicants for employment and to all employees regardless of sex, age, race, religion, sexual origin, national origin, ancestry, marital status or disability.

This application must be completed in its entirety before an offer of employment can be extended. Use black or blue ink only.

Date of Application: _____ Position Applied For: _____

AN EQUAL OPPORTUNITY EMPLOYER

Name:		
Address (Street & P.O. Box):		
City:	State:	Zip Code:
Home Phone:		

GENERAL INFORMATION

Available to work:	Full-Time	Part-Time	Temporary	
Date available to start work: _____	Wage Desired: _____			
Shift desired:	Day	Night	Swing	All
If you are under age 18, can you provide a work permit if offered a job?	Yes	No		
If you are not a U.S. citizen, do you have the right to work in the U.S.?	Yes	No		
Have you been convicted of a felony within the last seven years?	Yes	No		
<small>(Please exclude convictions that have been sealed, expunged, or legally eradicated. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)</small>				
If yes, please identify the charge, the court, the date of the conviction, and the disposition of the case:				
Have you ever applied for a position with or worked for MCHD before?	Yes	No		
If yes, specify dates:	From: _____	To: _____		

EDUCATION

	Name of School and Address	Major	No. of Years Completed	Did you Graduate?
High School				
College				
Other (Specify)				

EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.

Name of Employer:	From: Month _____ Year _____	To: Month _____ Year _____
Address: <small>Street _____ City _____ State _____</small>	Telephone: (_____) _____	Starting Pay: \$ _____
Position:	Supervisor:	Final: \$ _____
Description of Duties:		
Reason for Leaving:		
Name of Employer:	From: Month _____ Year _____	To: Month _____ Year _____
Address: <small>Street _____ City _____ State _____</small>	Telephone: (_____) _____	Starting Pay: \$ _____
Position:	Supervisor:	Final: \$ _____
Description of Duties:		
Reason for Leaving:		
Name of Employer:	From: Month _____ Year _____	To: Month _____ Year _____
Address: <small>Street _____ City _____ State _____</small>	Telephone: (_____) _____	Starting Pay: \$ _____
Position:	Supervisor:	Final: \$ _____
Description of Duties:		
Reason for Leaving:		

If you need additional space, please continue your response on a separate page.

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

Period of Unemployment:

From	To	Reason for Unemployment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application:

Yes **No**

If yes, please specify the name you were employed or enrolled under:

If you are employed now, may we contact your current employer?

Yes **No**

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?

Yes **No**

Are you a veteran of the United States military service?

Yes **No**

If yes, please state branch of service: _____

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

Please provide the names, addresses, and telephone numbers of at least two references who are not related to you:

Person to be contacted in the event of an accident or emergency:

Name: _____

Address: _____

Telephone: _____

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by MCHD unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom MCHD contacts, to provide MCHD any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to MCHD as well as from any use or disclosure of such information by MCHD or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of MCHD. 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 MCHD. I understand that no employee or representative MCHD, other than its Chief Executive Officer, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Chief Executive Officer of MCHD may not alter the at-will nature of the employment relationship unless the Chief Executive Officer and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination, post-offer drug test and post-offer background check.

Signature of Applicant

Date



TRINITY HOSPITAL

National Practitioner Data Bank Information

Please complete at time of application or time of mandatory two-year query:

Practitioner Information

Last Name First Name Middle

Other Names (Maiden) First Name Middle

Organization Name (Place of Employment)

Work Address (Private Practice Address, Hospital Address)

City State Zip Code Country

Home Address

City State Zip Code Country

License/Certificate Number State Field of Licensure

Date of Birth Social Security Number Federal DEA Number

Professional School Attended Year of Graduation

Yes No Do you know of any malpractice payments, disciplinary actions or professional review actions which may have been reported to the National Practitioner Data Bank in your name?

If so, please explain: _____

Signature of Applicant Date

Trinity Hospital

Equal Employment Opportunity Questionnaire

Applicant: MCHD is committed to providing **Equal Employment Opportunity** in all personnel practices. In order to further this commitment, applicants are requested to voluntarily provide the following information that will be detached from the application and used for research purposes only.

1. **Title of position for which you are applying:** _____
2. **Date:** _____
3. **Date of Birth:** _____ **Age:** _____
4. **Gender:**
Male
Female
5. **If you have a disability or record of impairment, please indicate your disability below.**
Visual Impairment
Hearing Impairment
Physical Impairment
Speech Impairment
Developmental
Mental Disability
Other (please specify): _____
5. **Ethnic Category**
American Indian or Alaskan Native (Includes persons who identify themselves or are known as such by virtue or tribal association).

Asian or Pacific Islander (Far Eastern, Southeast Asian, Pacific Islander, Pakistani or East Indian descent)

Black (includes persons having origins in Black racial groups in Africa)

Hispanic (Mexican, Cuban, Puerto Rican, Central or South American descent or persons of other Spanish culture in origin, regardless of race)

White (European, North African (excluding Black racial groups) or Middle Eastern descent).

Other (Please specify): _____
7. **How did you learn about this position? Please check all that apply.**
Friend or relative?
MCHD Employee?
Trade or professional publication?
Newspaper? Name of newspaper _____

DO NOT WRITE BELOW THIS LINE -- FOR COMPANY USE ONLY

Company No. 1 Reference Check				Good	Average	Poor
Applicant eligible for rehire:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dates of employment verified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any complaints or criticisms of the applicant by the prior employer? If so, explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any other pertinent comments made by the prior employer? If so, explain: _____						
Checked by: _____ Person Contacted: _____						
Date: _____ Position of Person Contacted: _____						
Company No. 2 Reference Check				Good	Average	Poor
Applicant eligible for rehire:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dates of employment verified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any complaints or criticisms of the applicant by the prior employer? If so, explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any other pertinent comments made by the prior employer? If so, explain: _____						
Checked by: _____ Person Contacted: _____						
Date: _____ Position of Person Contacted: _____						
Company No. 3 Reference Check				Good	Average	Poor
Applicant eligible for rehire:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dates of employment verified:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any complaints or criticisms of the applicant by the prior employer? If so, explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any other pertinent comments made by the prior employer? If so, explain: _____						
Checked by: _____ Person Contacted: _____						
Date: _____ Position of Person Contacted: _____						
Has proof of identity and eligibility to work in the U.S. been presented?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has I-9 Form (Employment Eligibility Verification Form) been completed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	