



Mountain Communities Health Care District

How I heard about the position: _____

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

First and Last Name:		
Mailing Address (Street & P.O. Box)		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email address:		

GENERAL INFORMATION

Available to work: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Casual <input type="checkbox"/>		
Date available to start work: _____ Wage Desired: _____		
Shift desired/available: Day <input type="checkbox"/> Night <input type="checkbox"/> Swing <input type="checkbox"/> Any <input type="checkbox"/>		
If you are under age 18, can you provide a work permit if offered a job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you are not a U.S. citizen, do you have the right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever applied for a position with or worked for MCHD before? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, specify dates: From: _____ To: _____		

EDUCATION

	Name and Address of School	Major	No. of Years Completed	Graduate Date
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: (Street, City & State)	Telephone:			
Position:	Supervisor:			
Description of Duties:				
Reason for Leaving:				
Name of Employer:	From Month	Year	To Month	Year
Address: (Street, City & State)	Telephone:			
Position:	Supervisor:			
Description of Duties:				
Reason for Leaving:				
Name of Employer:	From Month	Year	To Month	Year
Address: (Street, City & State)	Telephone:			
Position:	Supervisor:			
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 ☐

Accommodation requested:

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 two business references who are not related to you:

Name: _____ Telephone: _____ Title: _____

Employer/Organization: _____

Name: _____ Telephone: _____ Title: _____

Employer/Organization: _____

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