



Application for Employment

Bear Lake Memorial Hospital is committed to a policy of non-discrimination and equal employment opportunity. Please complete all sections of the application in full, rather than stating "see resume." Resumes will not be accepted as a substitute for a completed application. **Incomplete applications will not be considered.** A specific job title for a currently posted position must be identified. A new application must be submitted for any additional positions for which you would like to be considered. All applicants selected for employment with Bear Lake Memorial Hospital will be required to satisfactorily pass a pre-employment drug screen and criminal background check.

Please type or print clearly.

Date of application: _____ Position for which you are applying: _____

Last Name First Middle

Street Address City State Zip

Social Security Number Home Phone Work Phone Other Phone

Classification: FT (40 hr/wk) RPT (32 hr/wk) PT (24 hr/wk) Occasional (as needed) Temp (<6 months)

Work Schedule / Shift: What work schedule/shift are you willing to work? Days Evenings Nights
Are you willing to work weekends? Every None Date available to start work: _____

Please mark the days of the week you are available and willing to work:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Current Salary: \$ _____ **Minimum Salary Requirement:** \$ _____

How did you hear about this position?

Walk-in Internet Job Fair Newspaper Radio Employment Agency Past Employment
 Student Work Experience Job Bulletin Board Employee Referral (Name) _____

GENERAL DATA

Have you ever been convicted of a felony or a misdemeanor (including withheld judgments or other plea agreements), or have you ever plead no contest to any criminal charges? Yes No Not Sure If yes or not sure, please provide date, city, state and an explanation: _____

(Criminal conviction is not an absolute bar to employment, but will be considered in relation to specific job requirements.)

Are you or have you ever been debarred from working in a federally funded program, i.e., Medicaid, Medicare?

Yes No

Can you perform the functions of the job for which you are applying, either with or without a reasonable accommodation?

Yes No

Do you have any relatives employed by Bear Lake Memorial Hospital? Yes No If yes, what department and what is the person's relationship to you? _____

Have you ever been employed by Bear Lake Memorial Hospital? Yes No If yes, when? _____

What was your position? _____ Why did you leave? _____

Are you eligible to work in the United States? Yes No

Are you under 16 years of age? Yes No If yes, please state the date of your birth: _____

SKILLS

Check each of the following with which you have experience, and indicate your skill level:

<u>Program</u>	<u>Skill Level</u> (circle one) (1=beginner 5=expert)
<input type="checkbox"/> PC	1 2 3 4 5
<input type="checkbox"/> Windows	1 2 3 4 5
<input type="checkbox"/> Internet	1 2 3 4 5
<input type="checkbox"/> Email	1 2 3 4 5
<input type="checkbox"/> Word	1 2 3 4 5
<input type="checkbox"/> Excel	1 2 3 4 5
<input type="checkbox"/> Access	1 2 3 4 5
<input type="checkbox"/> PowerPoint	1 2 3 4 5
<input type="checkbox"/> QuickBooks	1 2 3 4 5
<input type="checkbox"/> Other _____	

List other specific software programs you have used: _____

List relevant equipment / machinery you have operated: _____

Typing Speed (WPM) _____ 10 Key (SPM) _____

List any other skills you have that are associated with the job for which you are applying: _____

EDUCATION

Have you graduated from High School or completed the GED equivalent? Yes No

List your highest degree first:

Major	School/Location	Years Completed	Type of Degree/Diploma/Certificate

Are you currently enrolled? Yes No

PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION DATE

List all professional licenses, registrations, and certifications:

License/Registration/Certification	License Number	State	Expiration Date

Do you have any pending restrictions and/or suspensions on your current professional license/registration? Yes No

Have you ever been refused professional licensure, or had a license / registration suspended or revoked? Yes No

If yes, please explain: _____

Please mark all current certifications: First Aid BLS/CPR ACLS TNCC PALS NRP STABLE

List any trade or professional organization of which you are a member. Include offices held: _____

List any additional special skills: _____

WORK HISTORY

Starting with your most recent employment, give a complete record of all employment, including any breaks in employment. Use additional sheets if necessary. A resume will not be accepted as a substitute for this section.

(1) Company Name	Address (Street, City, State, Zip)	Telephone Number
Titles and Job Duties		
Date Hired:	Date Left:	Supervisor Name, Title, Phone
Final Salary: Per Hour: \$_____ Per Year: \$_____		
Reason for (Considering) Leaving:		
(2) Company Name	Address (Street, City, State, Zip)	Telephone Number
Titles and Job Duties		
Date Hired:	Date Left:	Supervisor Name, Title, Phone
Final Salary: Per Hour: \$_____ Per Year: \$_____		
Reason for (Considering) Leaving:		

(3) Company Name	Address (Street, City, State, Zip)	Telephone Number
Titles and Job Duties		
Date Hired:	Date Left:	Supervisor Name, Title, Phone
Final Salary: Per Hour: \$_____ Per Year: \$_____		
Reason for (Considering) Leaving:		

If your employment records exist under another name, please specify: _____

May we contact your previous employers? Yes No If no, please explain: _____

Have you ever been discharged from a job or asked to resign? Yes No If yes, please explain: _____

Please describe any lapses in employment during the previous seven years, stating dates and reasons: _____

How many years of employment do you have directly related to the position for which you are applying? _____

PROFESSIONAL REFERENCES

Please list three professional references

Name	Occupation/Title	Business/Location	Telephone Number	Years Known

CERTIFICATION AND AGREEMENT (Please read the following before signing)

I certify that the information I provided in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts in this application disqualifies me from further consideration, or, if I am employed, is sufficient cause for dismissal regardless of when the misrepresentation or omission of fact is discovered.

I authorize investigation of all statements contained in this application and understand that I may be required to provide verification (diploma, license, transcripts, type tests, etc.) of information contained in this application. I authorize any and all persons, companies, or agencies to release to Bear Lake Memorial Hospital any and all information they may have, which is relevant to the application process. I also release all such parties from any liability that may result from furnishing information to Bear Lake Memorial Hospital. I understand that to be considered as a formal applicant, the position for which I am applying must be specifically identified as open, and recruitment for the position ongoing at the time this application is received by the Human Resources Department.

I understand that if I am employed with Bear Lake Memorial Hospital, my employment will be at-will. As such it can be terminated by me or by Bear Lake Memorial Hospital with or without advance notice, at any time, and for any reason not prohibited by law.

I agree that if I am employed by Bear Lake Memorial Hospital, I will review the information contained in the Employee Handbook and follow the policies described therein.

I understand that any employment offer is contingent upon the following: (1) producing documents establishing my eligibility to work in the United States; (2) satisfactorily passing the pre-employment drug screen, employee health evaluation (if required), establishing that I am able to perform the essential functions of the position; the completion of a criminal background and reference checks; and (3) complying with Bear Lake Memorial's pre-employment application procedures.

I have not been excluded, suspended or debarred from participating or providing services in any Medicare/Medicaid program or any other federally funded health care program, nor am I being investigated in any matter that could lead to my exclusion from a Medicare/Medicaid program or any other federally funded health care program.

I acknowledge that I have read the certification and agreement, and agree to abide by its terms.

Applicant Signature

Date