



MINIDOKA
MEMORIAL
HOSPITAL

Employment Application

"A Better Life, A Better Way"

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Minidoka Memorial Hospital to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, veteran or military status.

Please complete each section on the application and we will carefully examine the possibilities of your employment with us. Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. Thank You!

This application is current for a period of thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will necessary for you to fill out a new application.

Name _____ Date _____
Last First Initial

Position Applied for _____

Current Address _____
Street or P.O. Box City State Zip

Home Phone _____ Work Phone _____ Message Phone _____

Are you at least 18 years of age? _____ Yes _____ No

Have you ever been employed by Minidoka Memorial Hospital? _____ Yes _____ No

If yes, give position and dates that you worked: _____

Do you have any family members working at Minidoka Memorial Hospital? _____ Yes _____ No

If yes, name and position: _____

Are you lawfully authorized to work in the U.S.? _____ Yes _____ No
(If offered employment, you will be asked to submit proof)

WORK SCHEDULE

What Status will you work? _____ Full-time _____ Part-time _____ Occasional _____ Temporary

Number of hours you are willing to work per day? _____ Per Week? _____

What shifts will you work?

_____ Days _____ Evenings _____ Nights _____ Weekends _____ Rotating _____ Any

Date you can begin work? _____

JOB RELATED SKILLS AND QUALIFICATIONS

List your job related skills and qualifications to the job for which you are applying (applicant should exclude information which discloses that he/she is a member of a protected class):

Business machines and/or hospital equipment you operate (word processor, adding machine, typewriter, x-ray machine or other medical equipment)

Professional License, Registry or Certification -
(If required by position. List type, license number and expiration dates)

(You will be asked to present original document during interview)

EDUCATION

SCHOOLS	NAME & LOCATION	GRADUATED YES/NO	DIPLOMA/DEGREE
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High School _____

College(s) _____

Graduate _____

Other _____

EMPLOYMENT RECORD

Employment History: list the last three previous employers for whom you have worked in the last five years (Names, addresses and phone numbers must be complete.)

Company	Dates:	From	To	Phone #
Address			City, State	
Job Title		Main Duties		
Supervisor's Name			Ending Salary	
Reason for Leaving				

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Address			City, State	
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Company	Dates:	From	To	Phone #
Address			City, State	
Job Title		Main Duties		
Supervisor's Name			Ending Salary	
Reason for Leaving				

Have you ever been discharged from a job or asked to resign? _____ Yes _____ No

Any additional comments: _____

May we contact your present employer? _____ Yes _____ No

REFERENCES (Co-workers, teachers, etc.) MUST LIST AT LEAST THREE

Name	Occupation/Title	Address/Telephone
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Name	Occupation/Title	Address/Telephone
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Name	Occupation/Title	Address/Telephone
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I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal.

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize Minidoka Memorial Hospital to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with MMH. I hereby release and hold Minidoka Memorial Hospital harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that Minidoka Memorial Hospital reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the hospital. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of employment. I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I understand and agree that if I am offered employment by Minidoka Memorial Hospital my employment will be for no definite term and that either I, or the hospital, will have the right to terminate the employment relationship at any time, with or without cause and with or without notice. I also understand that this status can only be altered by a written contract of employment, which is specific as to all material and is signed by me and the Administrator of Minidoka Memorial Hospital.

I HAVE HAD THE OPPORTUNITY TO HAVE MY QUESTIONS ABOUT THIS STATEMENT'S CONTENT AND INTENT ANSWERED AND UNDERSTAND ITS TERMS.

Date _____ **Signature** _____

