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| Battle Mountain General Hospital  Employment Application | **U:\Desktop\BMGH LOGO 3.JPG** |

Battle Mountain General Hospital is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, age, national origin, sexual orientation, gender identity or expression, marital status, veteran or military status, disability, genetic information, or any other characteristic protected under state or federal law.

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| Applicant Information | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | First | |  | | | | | | | | Middle Initial | |  | |
| Street Address | | |  | | | | | | | | | | | | Apartment/Unit # | | |  | | |
| City |  | | | | | | State | |  | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | E-mail Address | | | |  | | | | | | | | | |
| Date Available | | |  | | | | Position Applying for | | | | | | |  | | | | | | |
| Are you able to perform the essential functions of this position, with or without reasonable accommodation? | | | | | | | | | | | | | | | | | | YES | | NO |
| Are you able to work any shift, including weekends? | | | | | | YES | | | | NO | | Are you able to work overtime? | | | | | | YES | | NO |
| Are you legally authorized to work in the United States? | | | | | | | | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | YES | NO | | | If so, when? | | | | |  | | | | | | | |

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| employment history Please list your most recent employer first, including U.S. Military Service. | | | | | | | | | | | | | | |
| Company | |  | | | | | | | Phone Number | | | | |  |
| Address | |  | | | | | | | Supervisor | | | | |  |
| Job Title | |  | | | | | | | | | | | | |
| Responsibilities | | | |  | | | | | | | | | | |
| From |  | | | | To |  | Reason for Leaving | | |  | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | | NO | |  | | |
| Company | | |  | | | | | | | Phone Number | | | |  |
| Address | | |  | | | | | | | Supervisor | | | |  |
| Job Title | | |  | | | | | | | | | | | |
| Responsibilities | | | |  | | | | | | | | | | |
| From |  | | | | To |  | Reason for Leaving | | |  | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | YES | | | NO | |  | |

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| Employment History (continued) | | | | | | | | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | Phone Number | |  |
| Address | | | |  | | | | | | | | | | | | | | | Supervisor | |  |
| Job Title | | | |  | | | | | | | | | | | | | | | | | |
| Responsibilities | | | | | |  | | | | | | | | | | | | | | | |
| From |  | | | | | | | | To | | |  | | | Reason for Leaving | | | |  | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | YES | | NO |  | |
| Company | | | |  | | | | | | | | | | | | | | | Phone Number | |  |
| Address | | | |  | | | | | | | | | | | | | | | Supervisor | |  |
| Job Title | | | |  | | | | | | | | | | | | | | | | | |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | |
| From | |  | | | | | | | | To | | |  | | Reason for Leaving | | | |  | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | YES | NO |  | |
| Company | | | | |  | | | | | | | | | | | | | | Phone Number | |  |
| Address | | | | |  | | | | | | | | | | | | | | Supervisor | |  |
| Job Title | | | | |  | | | | | | | | | | | | | | | | |
| Responsibilities | | | | | | | |  | | | | | | | | | | | | | |
| From | | |  | | | | | | | | To | | |  | | Reason for Leaving | | |  | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | YES | NO |  | |

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| General Employment Information | | | | | | | |
| Have you ever been discharged or asked to resign from a job? | | | | | | YES | NO |
| If yes, explain |  | | | | | | |
| Have you worked under any other names? | | YES | NO | If yes, name(s): |  | | |

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| General Employment Information (continued) | | | | | | | | |
| Have you ever been convicted of a crime? (Do not include traffic tickets) | | | | | | | YES | NO |
| If yes, explain | Charge: |  | Date: |  | Disposition: |  | | |
| Charge: |  | Date: |  | Disposition: |  | | |

(Note: Conviction of a crime(s) will not necessarily disqualify you from employment.)

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| Education Please indicate education or training which you believe qualifies you for the position you are seeking. | | | | | |
| School | Name of School | Graduated | | Major / Courses Taken | Degree |
| Yes | No |
| High School |  |  |  |  |  |
| College |  |  |  |  |  |
| Graduate School |  |  |  |  |  |
| Trade or Business |  |  |  |  |  |
| Trade or Business |  |  |  |  |  |

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| Professional References List three professional references. | | | | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Address |  | Email |  | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Address |  | Email |  | |
| Full Name |  | Relationship | |  |
| Company |  | Phone |  | |
| Address |  | Email |  | |

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| applicant certification & Agreement | | | |
| I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Battle Mountain General Hospital to verify its accuracy and to obtain reference information on my work performance. I hereby release Battle Mountain General Hospital from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision made on such information.  I understand that, if employed, falsified statement of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.  I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, procedures, rules, and regulations of employment of Battle Mountain General Hospital. However, I further understand that neither the policies, procedures, rules, and regulations of employment or anything during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Battle Mountain General Hospital may terminate my employment at any time, with or without notice or cause. | | | |
| Signature |  | Date |  |