



## **APPLICATION FOR EMPLOYMENT**

Please accurately complete all requested information.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Cell Phone \_\_\_\_\_

State/Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Type of employment desired: ( ) Full-time ( ) Part-time ( ) Temporary ( ) Pool

Do you need any accommodation to participate in the application or interview process? ( ) Yes ( ) No

Have you been convicted of a Felony? ( ) Yes If so, please explain. ( ) No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A felony conviction will not prohibit employment but will only be considered in relation to specific job requirements.*

Are you legally eligible for employment in the United States? ( ) Yes ( ) No

*Proof of identity and work authorization is required upon employment.*

### **EDUCATION**

**CIRCLE HIGHEST SCHOOL YEAR COMPLETED**

8 9 10 11 12 13 14 15 16 17 18 19

**GED, HS Diploma, AA, BA, BS, MA and/or Ph.D.**

Name of High School \_\_\_\_\_



### **CONTINUATION OF EDUCATION**

Name school(s) beyond High School\_\_\_\_\_

Training Length\_\_\_\_\_Major\_\_\_\_\_

Vocational Training \_\_\_\_\_Other Specialized Training\_\_\_\_\_

Name school(s) beyond High School\_\_\_\_\_

Training Length\_\_\_\_\_Major\_\_\_\_\_

Vocational Training \_\_\_\_\_Other Specialized Training\_\_\_\_\_

Name school(s) beyond High School\_\_\_\_\_

Training Length\_\_\_\_\_Major\_\_\_\_\_

Vocational Training \_\_\_\_\_Other Specialized Training\_\_\_\_\_

### **LICENSES AND QUALIFICATIONS**

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----



## **EMPLOYMENT HISTORY**

Please list last three, starting with most recent employment.

**Company Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Company Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Job Description (duties, skills, equipment used)** \_\_\_\_\_

---

---

---

---

**Dates of Employment: Start** \_\_\_/\_\_\_/\_\_\_ **End** \_\_\_/\_\_\_/\_\_\_

**Reason for leaving** \_\_\_\_\_

**Final Compensation: \$** \_\_\_\_\_ **per (hour, week, month or year)**

**Company Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Company Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Job Description (duties, skills, equipment used)** \_\_\_\_\_

---

---

---

---

**Dates of Employment: Start** \_\_\_/\_\_\_/\_\_\_ **End** \_\_\_/\_\_\_/\_\_\_

**Reason for leaving** \_\_\_\_\_

**Final Compensation: \$** \_\_\_\_\_ **per (hour, week, month or year)**



## CONTINUATION OF EMPLOYMENT HISTORY

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Company Contact \_\_\_\_\_ Phone \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

---

---

---

Dates of Employment: Start \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_

Reason for leaving \_\_\_\_\_

Final Compensation: \$\_\_\_\_\_ per (hour, week, month or year)

Any additional job history that may be relevant to this position?

---

---

---

---

---

---

## RELEVANT SKILLS

Summary of additional work/skills related information. What knowledge, special technical skills and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can operate and/or maintain.

---

---

---

---

---

---



## **PROFESSIONAL REFERENCES**

Provide the names of persons not related to you. These people should be familiar with your knowledge, skills and abilities.

Name	Phone Number	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **REFERRAL SOURCE**

How did you learn about the position you are applying for?

- Newspaper
- Madison Valley Medical Center Web Site
- Madison Valley Medical Center Employee
- Internet, Social Media, Other Electronic Source
- Other Source, Type \_\_\_\_\_

Please complete the applicant statement on the last page of this document prior to returning to Madison Valley Medical Center.



## **APPLICANT STATEMENT**

I, (print name) \_\_\_\_\_, certify that all information I have provided in order to apply for and secure work with Madison Valley Medical Center is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or an immediate discharge from Madison Valley Medical Center, whenever it is discovered.

I expressly authorize Madison Valley Medical Center without reservation or liability, to contact and obtain information from all references, employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Madison Valley Medical Center or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information

I understand that submission of an application does not guarantee employment. I understand that none of the documents, policies, procedures, actions and statements of Madison Valley Medical Center used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of Madison Valley Medical Center except the Corporate Executive Officer (CEO) and/or their official representative of record, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the aforementioned official Madison Valley Medical Center authorizing personnel.

I understand that Madison Valley Medical Center does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_