



Mountain View Hospital

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other classification protected by law. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Attach additional pages if you do not have enough room on this application. Please print/type when filling out the application and sign where indicated on the second page. All information given will be held in strict confidence.

This application will remain on file for a period of 12 months. If any of your information changes during that time or you wish to apply for other positions, please submit an updated application.

NAME _____
Last First Initial

PRESENT ADDRESS _____ TELEPHONE NO. _____
No. Street Apt. No. Area Code

City State Zip

Job Applying For _____ Date Available _____

Seeking: Full-time _____ Part-time _____ Per Diem (PRN) _____ Temporary, Internship, or Summer _____

How did you hear about the job? Newspaper _____ mvhjobs.com _____ Other internet source _____ Radio _____ TV _____ Family _____ Other _____

Were you referred to MVH by a current employee? (circle one) Yes No Employee's Name: _____

RECORD OF EMPLOYMENT

1. CURRENT/ MOST RECENT EMPLOYER						Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reason for Leaving		Supervisor's Name and Title			
From:		From:		Starting	Ending						
Mo.	Yr.	Mo.	Yr.								
Job Title and Duties											
2. NEXT PREVIOUS EMPLOYER						Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reason for Leaving		Supervisor's Name and Title			
From:		From:		Starting	Ending						
Mo.	Yr.	Mo.	Yr.								
Job Title and Duties											
3. NEXT PREVIOUS EMPLOYER						Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reason for Leaving		Supervisor's Name and Title			
From:		From:		Starting	Ending						
Mo.	Yr.	Mo.	Yr.								
Job Title and Duties											
4. NEXT PREVIOUS EMPLOYER						Address		Telephone		Type of Business	
Dates Employed				Rate of Pay		Reason for Leaving		Supervisor's Name and Title			
From:		From:		Starting	Ending						
Mo.	Yr.	Mo.	Yr.								
Job Title and Duties											

GENERAL BACKGROUND INFORMATION

UNEMPLOYMENT RECORD: Account for periods of unemployment for two (2) weeks or more during the past seven (7) years.

Period: _____ Explain: _____
 Period: _____ Explain: _____
 Period: _____ Explain: _____

- Have you ever been convicted of, pleaded guilty to, or pleaded no contest to a felony or misdemeanor? **Yes No**
 - If yes, briefly describe the nature of the crime(s), and the date and place of conviction. _____

- Are you currently out on bail, the subject of a current warrant for arrest, or released on your own recognizance pending trial? **Yes No**
 - If yes, briefly explain _____

(*Note: All applicants will be subject to a background screening and a conviction will not necessarily disqualify an applicant.)

- Are you over 18 years of age? **Yes No**
 - Are you a citizen of the United States or do you have a valid work permit? **Yes No**
 (Federal law requires proof of identity and employment authorization for all new employees.)

- For Driving Jobs Only: Do you have a valid driver's license? **Yes No License # _____ State _____**

- Are you a relative of a Mountain View Hospital employee or physician? **Yes No Name _____**

EDUCATION - CERTIFICATIONS - SKILLS

EDUCATION COMPLETED	SCHOOL NAME	MAJOR/ SUBJECTS
Elementary 5 ___ 6 ___ 7 ___ 8 ___	_____	_____
High School 1 ___ 2 ___ 3 ___ 4 ___	_____	_____
College 1 ___ 2 ___ 3 ___ 4 ___ > 4 ___	_____	_____
Other (Business, Vocational, Military)	_____	_____

CURRENT LICENSURES / CERTIFICATIONS	CERTIFYING ORGANIZATION
_____	_____
_____	_____

TECHNICAL / MECHANICAL / EQUIPMENT SKILLS

HEALTH

Would you take an examination for evidence of drug or other chemical use, including but not limited to urine and blood testing? **Yes No**

REFERENCES

Give three references, not relatives or those supervisors listed on the first page (may include other work associates).

Name	Address	Phone	Occupation

AFFIDAVIT

I authorize Mountain View Hospital and its agents to use this application to investigate general identification information such as residence verification, and 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 employees, 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 also understand that if a pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to complete any required authorization forms for a general, credit or criminal background investigation required by the Employer.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the Employer shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or consequential omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I also understand that if employed, either the Employer or I may terminate our relationship at will, without notice or for any reason and that this employment application does not constitute an employment contract. If hired, the Employer is hereby authorized to release to any other firm or person with whom I seek employment, any and all information concerning my employment for the Employer.

Signature _____ Date _____