

TETON MEDICAL CENTER EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied for:	Date of Application
How did you learn about this position? Advertisement _____ Friend _____ Relative _____ Walk-in _____ Employment Agency _____ Other _____	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility?	YES	NO
Are you currently employed?	YES	NO
May we contact your present employer?	YES	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	YES	NO
On what date would you be available for work?		
Are you available to work: Ful-Time _____ Part-Time _____ Shift Work _____ Temp _____		
Are you currently on lay-off status and subject to recall?	YES	NO
Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	YES	NO
If YES, please explain _____		

We are an Equal Opportunity Employer
Joy in Caring – People Taking Care of People

EDUCATION:

	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate School Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any honors you have received: _____

State any additional information you feel may be helpful to us in considering your application: _____

Indicate any foreign languages you can speak, read or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Specialized Skills: Please summarize special job-related skills and qualifications acquired from employment or other experiences including knowledge and skills on computers, software, technical equipment or any other as pertinent: _____

List professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or protected status. _____

References:

Give name, address and telephone number of three references who are not related to you and are not previous employers:

1. _____
2. _____
3. _____

Employment Experience:

Start with your present or last job. Include any job related military service assignments and volunteer activities.

<u>Name of Employer</u>		Dates Employed		Work Performed:
		From	To	
Address: Street		City	State	Zip Code
Telephone Numbers			Hourly Rate/Salary	
Home	Work	Starting	Final	
Reason for Leaving				

<u>Name of Employer</u>		Dates Employed		Work Performed:
		From	To	
Address: Street		City	State	Zip Code
Telephone Numbers			Hourly Rate/Salary	
Home	Work	Starting	Final	
Reason for Leaving				

<u>Name of Employer</u>		Dates Employed		Work Performed:
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Address: Street		City	State	Zip Code
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		From	To	
Address: Street		City	State	Zip Code
Telephone Numbers			Hourly Rate/Salary	
Home	Work	Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

By signing below applicant agrees that he or she has reviewed each of the job specifications and that he or she is capable of performing each and every one. To the extent the applicant cannot perform each and every function, he or she states which requirements cannot be met and why: _____

Applicant understands that all payroll deposits will be made through direct deposit only.

Applicant understands that the Organization has a right to expect employees to perform all aspects of a position and if applicant is unable to perform these functions, he or she may not be hired, or he or she may be released from employment. By accepting applicant's statement of which functions cannot be performed, the Organization does not waive any jobs requirements or indicate that applicant will be offered a position but will be excused from performance of those requirements.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview YES _____ NO _____

Remarks: _____

Employed YES _____ NO _____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Date _____

Name and Title

NOTES: _____

