

<b>Today's Date:</b>		<b>Social Security Number:</b>		<b>Date of birth if under age 18:</b>
<b>Last Name</b>	<b>First Name</b>	<b>Nickname</b>	<b>Full Middle Name</b>	<b>Message Telephone Number:</b>
<b>Address: Street</b>			<b>City</b>	<b>State</b> <b>Zip</b>
				<b>Telephone Number:</b>
				<b>Email:</b>
<b>Position Applied for:</b>		<b>Are you willing to work</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Summer (Check all that apply) <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
<b>Date Available to Start Work:</b>		<b>List days you are available to work:</b>		<b>List all hours you are available to work:</b>
<b>Are you eligible to be lawfully employed in the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of citizenship or immigration status will be required upon employment.			<b>Do you realize that it may be necessary for you to work weekends, holidays or rotation shift?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Education** Circle the highest grade completed:    **Grade School:** 1 2 3 4 5 6 7 8    **High School** 9 10 11 12    **College:** 13 14 15 16 17

<u>School Attended</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Course of Study</u>	<u>Did you graduate?</u>	<u>GED, Diploma, or Degree (Attach copy)</u>
High School						
College						
Technical						

**Employment Record - List last 4 employers, beginning with most recent. Note: do not write "see resume"**

<b>Employer Name:</b> _____ Address: _____ City, State, Zip: _____ Phone: _____	Dates employed: _____ to _____ Position and Duties: _____ Salary: _____	Supervisor: _____ Reason for leaving _____ May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer Name:</b> _____ Address: _____ City, State, Zip: _____ Phone: _____	Dates employed: _____ to _____ Position and Duties: _____ Salary: _____	Supervisor: _____ Reason for leaving _____ May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer Name:</b> _____ Address: _____ City, State, Zip: _____ Phone: _____	Dates employed: _____ to _____ Position and Duties: _____ Salary: _____	Supervisor: _____ Reason for leaving _____ May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer Name:</b> _____ Address: _____ City, State, Zip: _____ Phone: _____	Dates employed: _____ to _____ Position and Duties: _____ Salary: _____	Supervisor: _____ Reason for leaving _____ May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No

**ALL APPLICANTS COMPLETE:**  
 Keyboarding  Yes  No    Speed: \_\_\_\_\_ WPM    Number of Years of study? \_\_\_\_\_  
 Computer Skills:  Word  Excel  Access  Power Point  Fax  Internet  Email  Scanner  Other

**NURSING APPLICATIONS COMPLETE:**  
 Check areas you have experience or special interest in:  
 Inpatient & Special Care     ED     Inpatient & Obstetrics     Physician Practices     Home Health     Surgery     PACU  
 Other, please specify: \_\_\_\_\_  
 Nevada nursing license number is: \_\_\_\_\_ Expires: \_\_\_\_\_ Copy is Attached.  I applied for my Nevada license on (date): \_\_\_\_\_  
 I am a Certified Nursing Assistant and am on the Nevada CNA Registry. A copy of my CNA certificate is attached.  
 I applied to the Nevada CNA Registry on (date): \_\_\_\_\_

**NON-NURSING REGISTERED/CERTIFIED APPLICANTS TO COMPLETE:**  
 Registrations and/or certifications: (attach copies)  
 Agency: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**PERSONAL REFERENCES**

**Do NOT list relatives, or repeat names already listed on other side. Include complete address and telephone numbers.**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Area Code \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Area Code \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Area Code \_\_\_\_\_ Tel. \_\_\_\_\_

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Area Code \_\_\_\_\_ Tel. \_\_\_\_\_

If you have ever been known by a different first or last name, please list them here: \_\_\_\_\_

List the name and relationship of any relatives who are currently employed by WBRH: \_\_\_\_\_

List any skills or special training you may have that might qualify you for a position in our Hospital: \_\_\_\_\_

Have you ever been convicted of a crime, other than a minor traffic offense? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

Have you ever been employed by the William Bee Ririe Hospital or Rural Health Clinic ? ( ) Yes ( ) No

Have you ever been convicted, involved in, or currently in a pending resolution of any criminal offense related to health care, or listed as disbarred, excluded or otherwise ineligible for participation in Federal healthcare programs? ( ) Yes ( ) No. If yes, explain: \_\_\_\_\_

If previously employed at William Bee Ririe Hospital, please give dates: \_\_\_\_\_

Can you perform the essential functions of the job with or without reasonable accommodation? ( ) Yes ( ) No

Do you understand that due to the nature of the services we provide, an exceptional record of attendance, promptness, and dependability is required of all Hospital employees? ( ) Yes ( ) No

Do you understand that employment is contingent upon passing a health screening, satisfactory education, prior employment, and reference verifications? ( ) Yes ( ) No

Do you understand that the first few months of employment at WBRH will be considered an initial employment period and/or adaptation and that employment may be terminated during this period by either the employee and/or employer without prejudice and with no eligibility for accrued or severance pay? ( ) Yes ( ) No

I agree to employment health screening at WBRH and in the event of a working injury, the hospital has my consent for treatment in the Emergency Department. In the event I am photographed during the course of my employment, the hospital has my permission to use any and all photos for various hospital community relations purposes. I understand that this employment application or the granting of an oral interview does not constitute a contract of employment or a promise of future benefits by WBRH. I also understand and agree that if hired, my employment will be for no specific duration, will be at-will in nature and may be terminated, with or without cause, at any time by either myself or my employer. In the event of my employment with the Hospital, I agree to abide by all established rules and procedures, however, I understand that such rules and procedures will be changed and updated on a regular basis. I hereby acknowledge that I have read, understand and consent to the above statements. I also certify that this written statement supersedes any and all oral representations made by agents or representatives of WBRH.

Background Check Authorization and Releases: I give my express authorization for WBRH and/or its agent(s) to contact my references and otherwise conduct an investigation into my background. I also request and authorize each person to whom this form is presented, to provide WBRH and/or its agent(s) with any information about me that may be requested including, without limitation, information related to my character, job performance and work habits. I understand that this background screening may include inquiries into the following areas: motor vehicle and criminal records, verification of education and licenses, employment verification, and verification of submitted application information.

Release and Holds Harmless: I agree to release and hold harmless WBRH and/or its agent(s) and any person or organization providing information to them from any claims I may have, now or in the future, relating in any manner to giving or receiving this information, including without limitation, claims for slander, defamation and wrongful termination.

Acknowledgement of Understanding: I understand that WBRH and/or its agent(s) may conduct an investigation into my background and that by signing this form I am releasing WBRH, its agents and those contacted by WBRH and/or its agents from any liability associated with such investigation. I also understand that I may be refused employment on the basis of the information received as the result of an investigation into my background and/or that my employment may be discontinued on the basis of information received as the result of any investigation into my background.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

The Federal Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The State of Maine prohibits the use of a mandatory retirement age. WBRH is an Equal Opportunity Employer as outlined in the Federal Civil Rights Act of 1964 and the State of Maine Human Rights Act as amended. All applicants for employment are treated in a non-discriminatory manner regardless of their race, color, sex, physical or mental handicap, religion, sexual orientation, ancestry, national origin, or age.