Application for Employment

Please Print

Keefe Memorial Hospital
P.O. Box 578 *602 N 6th W.
Cheyenne Wells, CO 80810
(719)767-5661 * (719)767-8042

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security #_____
Last First Middle

Address _____
Street City State Zip Code

Telephone# (____)_____Mobile/Beeper/Other Phone # (_____)_____E-Mail Address_____

Position(s) applied for_____Date of application ____/____/_____

Referral Source (Please Check the appropriate category and name the source.)

- ❑ Walk-in _____
- ❑ Employee _____
- ❑ Advertisement_____
- ❑ Company's Website _____
- ❑ Other Internet_____
- ❑ School _____
- ❑ Job Fair_____
- ❑ Staffing Agency _____
- ❑ Government Employment Agency _____
- ❑ Other_____

If necessary, best time to call you at home is ____:____AM/PM
May we contact you at work?……Yes/No
If **yes**, work number and best time to call:
(_____)_____ _____:_____AM/PM

If you are under 18 and it is required, can you furnish a work permit?……
Yes/No
If **no**, please explain _____

Have you submitted an application here before? …… Yes/No

If **Yes**, give date(s) and position(s) _____

Have you ever been employed here before? …… Yes/No

If **yes**, give dates From ____/____/____To ____/____/____
Are you legally eligible foe employment in this country?
…….
Yes/No
Date available for work ……
____/____/_____
What is your desired salary range or hourly rate of pay?
$ _____ Per_____
Type of employment desired; Full-Time Part-time
Educational Co-Op Seasonal Temporary
Will you relocate if job requires it ?……
Yes/No

Will you travel if job requires it? …… Yes/No
If they have been explained to you, are you able to meet the attendance requirements of the position? …… N/A/Yes/No
Will you work overtime if required?……
Yes/No
If **no**, please explain _____
Driver's license number required if driving may be required in the job for which you are applying:
_____ State _____
Have you ever been bonded?……
Yes/No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, serious and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? …… Yes/No

If **yes**, please provide date(s) and details
_____
_____
_____
_____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Starting with your most recent employer, provide the following information.

Employer | Telephone # ( ) | Dates employed: Month Year Month Year / To /

Street Address | City | State

Compensation (Starting)
Hourly Salary $ per
Commission/Bonus/Other Compensation
$

Starting job title/final job title

Compensation (Final)
Hourly Salary $ per
Commission/Bonus/Other Compensation
$

Immediate supervisor and title (for recent position held) | May we contact for reference? Yes No Later

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

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Street Address | City | State

Compensation (Starting)
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Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability._____

_____

_____

_____

If not addressed on previous page, have you ever been fired or asked to resign from a job? ……
Yes/No
If **yes**, please explain

_____

_____

_____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

_____

_____

_____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ **Years**:_____ **Internet** _____ **Years:** _____
Spreadsheet _____ **Years:**_____ **Other** _____ **Years** _____
Presentation _____ **Years:** _____ **Other** _____ **Years** _____
E-mail _____ **Years** _____ **Other** _____ **Years** _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State	Years Completed	Completed	GPA Class Rank	Major/Minor
		Diploma GED Degree _____ Certification _____ Other _____		
		Diploma GED Degree _____ Certification _____ Other _____		
		Diploma GED Degree _____ Certification _____ Other _____		
		Diploma GED Degree _____ Certification _____ Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship To You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?
Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.
Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly status.

_____

_____

In your currant or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable
If **yes**, please explain: _____

_____

Is there any other job-related information you want us to know about you? _____

_____

_____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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

I understand that this application remains currant for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

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

Signature of Applicant _____ **Date** _____/_____/_____

BACKGROUND SCREENING SERVICES, INC.
5810 WEST 38TH AVENUE, SUITE #17
WHEAT RIDGE, CO 80214
(303) 425-0304
Fax Line: (303) 431-5598

Criminal Court History Employment History
Driving History Credit history Educational History
Consumer Credit History Workers' Compensation
CNA Certification Rental Screening Licensing

KEEFE MEMORIAL HOSPITAL

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for Employment, with CNA Certification Check, Rental Application, or Contract for Services, I authorize Background Screening Services, Inc., (BSS, Inc.) to solicit information about my personal background, including, but not limited, to information about my previous employment, education, consumer credit, workers' compensation claims history, driving record, criminal court records and general public records history.

I also authorize the procurement of a consumer credit report, and further understand that such investigative report may contain information about my background, mode of living, character and personal reputation; and that I am entitled to be advised of the nature and scope of the report, within a reasonable time after I have requested the information in writing.

I release BBS, Inc., and its employees, agents, and all entities and their employees providing information or reports about me from any and all liabilities arising out of the release of any such information reports.

Signature:_____ Date:_____

(COMPLETE THE FOLLOWING INFORMATION AND PRINT LEGIBLY IN BLACK INK)

LAST NAME FIRST NAME MIDDLE NAME MAIDEN/PREVIOUS NAMES USED

CURRENT ADDRESS: _____ HOW LONG?_____

CURRENT TELEPHONE NUMBER: POSITION APPLIED FOR:

DATE OF BIRTH:_____SOCIAL SECURITY NO.:_____

DRIVERS LICENSE NO. AND STATE OF ISSUE: DATES OF ISSUE AND EXPIRATION:

LIST ALL FORMER ADDRESSES FOR THE LAST FIVE YEARS, INCLUDE CITY, STATE AND ZIP CODES, AND HOW LONG YOU LIVED IN EACH PLACE

1._____DATES_____

2._____DATES_____

3._____DATES_____

4._____DATES_____

5._____DATES_____

LIST YOUR NURSING LICENSURE: (RN) (LPN) (CNA) (EMT) (PHYSICAL/SPEECH/OCCUPATIONAL THERAPIST) (OTHER)_____

LICENSE NUMBER #:_____STATE OF ISSUE:_____ISSUE DATE:_____EXPIRATION DATE_____

FOR ADMINISTRATIVE USE ONLY

DEPARTMENT REQUESTING REPORT:_____

SELECT THE TYPES OF BACKGROUND REPORTS FOR THIS PROSPECTIVE EMPLOYEE

_____CIVIL/CRIMINAL RECORDS	_____CNA CERTIFICATION	_____EMPLOYMENT VERIFICATION
_____MOTOR VEHICLE RECORDS	_____EDUCATIONAL VERIFICATION	_____WORKERS' COMPENSATION
_____CONSUMER CREDIT REPORT	_____SOCIAL SECURITY VERIFICATION	_____FULL BACKGROUND SEARCH
_____LICENSE VERIFICATION	_____ABUSE REGISTRY	_____PREVIOUS ADDRESS VERIFICATION