

PLEASE PRINT

EQUAL OPPORTUNITY EMPLOYER

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

Position(s) applied for: _____ Date of application: _____

Referral source: Advertisement Employee Relative Government Employment Agency Walk-in Private Employment Agency Other: _____

Name of source (if applicable): _____

Name: _____
Last First MiddleAddress: _____
P O Box Street City State Zip

Telephone: (____) _____ Cell/Msg/Other Phone: (____) _____ Email: _____

If necessary, the best time to call you is: _____: _____ am/pm

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ (____) _____: _____ am/pm

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 for employment in this country? _____ Yes No

Date available for work ____/____/____ What is your desired salary range? \$_____

Type of employment desired: Full-time Part-time Temporary Seasonal Educational Co-OpWill you relocate if the job requires it? Yes No Will you travel if the job requires it? Yes NoAre you able to meet the attendance requirements of the position? _____ Yes NoWill you work overtime if required? Yes No If no, please explain: _____

What languages do you speak and understand? _____

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: _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE(S) OF THE OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO CONSIDERATION.

Driver's License number (if driving is an essential job function): _____ State: _____

Employment History

Provide the following information of your past and current employers, assignments, or volunteer activities, for the past **ten (10) years** starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER:	TELEPHONE: ()	DATES EMPLOYED	
		FROM	TO
ADDRESS:			
STARTING JOB TITLE / FINAL JOB TITLE:		HOURLY RATE/SALARY	
IMMEDIATE SUPERVISOR AND TITLE:		STARTING	
		\$	PER
REASON FOR LEAVING:		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER
SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:			
EMPLOYER:	TELEPHONE: ()	DATES EMPLOYED	
		FROM	TO
ADDRESS:			
STARTING JOB TITLE / FINAL JOB TITLE:		HOURLY RATE/SALARY	
IMMEDIATE SUPERVISOR AND TITLE:		STARTING	
		\$	PER
REASON FOR LEAVING:		HOURLY RATE/SALARY	
		FINAL	
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		\$	PER
REASON FOR LEAVING:		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER
SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:			

Employment History, continued

EMPLOYER:	TELEPHONE: ()	DATES EMPLOYED	
ADDRESS:		FROM	TO
STARTING JOB TITLE / FINAL JOB TITLE:		HOURLY RATE/SALARY	
IMMEDIATE SUPERVISOR AND TITLE:		STARTING	
		\$	PER
REASON FOR LEAVING:		HOURLY RATE/SALARY	
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		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER
SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES:			

COMMENTS (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT) _____

Skills and Qualifications

SUMMARIZE ANY SPECIAL TRAINING OR SKILLS THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING.

Educational Background (if job related)

A. LIST LAST THREE (3) SCHOOLS ATTENDED, STARTING WITH MOST RECENT. B. LIST NUMBER OF YEARS COMPLETED. C. INDICATE DEGREE OR DIPLOMA EARNED, IF ANY.
D. LICENSE/CERTIFICATIONS. E. LICENSE/CERTIFICATION NUMBER. F. EXPIRATION DATE OF LICENSE/CERTIFICATION

A. SCHOOL, CITY, STATE	B. NUMBER OF YEARS COMPLETED	C. DEGREE/ DIPLOMA	D. LICENSE/CERTIFICATIONS	E. LICENSE/ CERTIFICATION NUMBER	F. EXP. DATE

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	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER:

Applicant Statement

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

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 (1) cancel further consideration of this application, or (2) immediately discharge me from the Sakakawea Medical Center's service, whenever it is discovered.

I expressly authorize, without reservation, Sakakawea Medical Center, 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 Sakakawea Medical Center, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that Sakakawea 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 understand that this application remains current only while the position(s) for which it pertains remains open. I further understand that Sakakawea Medical Center accepts applications for open positions only.

If I am hired, I understand that Sakakawea Medical Center is an at-will employer meaning I am free to resign at any time, with or without cause and with or without prior notice, and Sakakawea Medical Center 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 Sakakawea Medical Center is authorized to make any assurances to the contrary and that no implied verbal or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by Sakakawea Medical Center's Administrator and/or Board of Directors President.

I also understand that if I am hired, I will be required to furnish proof of identity and legal authority 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 I must successfully complete a background check as a prerequisite to my employment. I further understand that the attached input form must be completed and signed before my application will be processed.

I understand that drug and alcohol testing is a prerequisite to my employment. I understand that Sakakawea Medical Center's facility is a tobacco-free campus and a drug-free workplace, and **that** all employees of the organization are subject to drug and alcohol testing when there is reasonable suspicion of impairment.

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 ____/____/____

Arizona Investigations, Background & Pre-employment Bureau

3104 East Camelback Road #912 Phoenix, Arizona 85016
 PH:(602)-230-1000 FX:(602)-265-3390
 azinvestigations@msn.com Lic#
 1002180

Applicant Information *Please Print!*

Acct# 439

Name			
	First	Full Middle	Last

Maiden Name, AKA's: _____

Date of Birth ____ -- ____ -- ____ (MM--DD--YYYY)	Social Security Number ____ -- ____ -- ____
Driver License or State ID Information DL / ID # _____ State _____	

APPLICANT DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for employment. The report may include information about your general reputation, personal characteristics, or mode of living, driving record history or social security number search for residency.

If you are denied employment, either wholly or partly, because of the information contained in this consumer report, a disclosure will be made to you for the name and address of the consumer reporting agency making such a report. If the report contains information about you that is a matter of public record, such as arrests, indictments, or convictions, you may also be informed of the name and address of any persons to whom the information is reported. You may also request a copy of this report.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

I have read and understood the above notice.

X _____
 Applicant Signature

 Date

Applicant, Please do not write below this line.

- (X) WARRANTS AND WANTS ()
 DRIVING RECORD
 (X) SOCIAL SECURITY TRACE
 (X) CRIMINAL RECORD SEARCH
 (X) SEX OFFENDER REGISTRY
 () OTHER _____