

APPLICATION FOR EMPLOYMENT
 (Pre-employment questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____

PRESENT MAILING ADDRESS _____

PRESENT PHYSICAL ADDRESS _____

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER _____

EMAIL ADDRESS _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____ REFERRED BY? _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED

GENERAL

SUBJECTS OF SPECIAL STUDY OR WORK _____

SPECIAL SKILLS _____

FORMER EMPLOYERS (LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST).

DATE (MO. AND YEAR)	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES (Please provide four (4) professional references.) (May substitute two (2) personal references)

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	COMPANY

WEST CUSTER COUNTY HOSPITAL DISTRICT
APPLICATION FOR EMPLOYMENT

"I Certify that all the *information submitted by me on this application is true and complete*, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, *I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the West Custer County Hospital District's options.* I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the West Custer County Hospital District. I understand that no company representative, other than it's administrator, and then only when in writing and signed by the administrator, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

I have provided the West Custer County Hospital District with references, schools and names of past employers. *I authorize the West Custer County Hospital District to obtain information about me from my previous employers, my references and my schools.* I authorize my previous employers, my references and my school administration and staff and all other sources to disclose to the West Custer County Hospital District such information about me as they request.

Signature: _____

Date: _____

Witness: _____

Date: _____

FILL OUT THIS SECTION ONLY IF OFFERED A POSITION WITH WEST CUSTER COUNTY HOSPITAL DISTRICT

If I am offered a job with the West Custer County Hospital District, I give the West Custer County Hospital District permission to perform a *legal background check* on me in the State of Colorado and the state in which I lived prior (if applicable).

State I lived in prior to Colorado: _____

Date of my residence in this state: _____

My social security Number: _____

My Date of Birth: (required for background check only) _____

Signature: _____

Date: _____

Witness: _____

Date: _____