

Employment History *(continued)*

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	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		\$		

Comments *(Including explanation of any gaps in employment)* _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates to describe your qualifications. _____

Educational Background *(if job related)*

Are you a high school graduate? Yes No Name of High School/City/State _____

Higher Education

A. List last three (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree earned, if any. D. Major field of study.

A. SCHOOL	B. # OF YEARS COMPLETED	C. DEGREE	E. MAJOR

References

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

NAME	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN

Additional Information

List professional, trade, business or civic associations and any offices held *(exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any similarly protected status)*.

ORGANIZATION	OFFICES HELD

List any additional information you would like us to consider _____

Applicant Statement

Applicant's Certification and Agreement. Please read carefully before signing.

I authorize the companies, schools or my current employer, if applicable, and previous employers and organizations named in this application (and accompanying resume, if any), to provide Central Valley Medical Center with any relevant information regarding an employment decision.

I agree that all questions asked and information released in good faith shall be privileged, and I expressly release Central Valley Medical Center, such employers, such other persons and any of their authorized representatives, from any and all liability arising from questions asked, information released or statements made.

In addition, as a prospective employee, I understand that my employment with Central Valley Medical Center, Nephi Medical Clinic, Central Valley Home Health, Central Valley Hospice, and/or Fountain Green Medical Clinic is contingent upon the following:

1. The results of a drug/alcohol screening, analysis for substance abuse, the positive results of which will be grounds for disqualifying me for employment.
2. My ability to provide verification of U.S. Citizenship, lawful permanent residency, or other proof of a work authorization document, or a combination of documents as specified in Section 2 of the Employment Eligibility Verification (Form 1-9).
3. Ability to verify education and licensure if applicable.

We are an equal opportunity employer and assure that no question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, or disability.

Central Valley Medical Center follows the rules and regulations governing fair employment practices and respects the applicant's right to privacy and that all inquiries will be treated in confidence.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement of contract for employment for any specified periods 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 expressed language are valid unless they are in writing and signed by the employer's president.

Because we care about the continued health and safety of our guests and employees, Central Valley Medical Center maintains a smoke-free environment.

The facts set forth in my application for employment are true and complete. I hereby understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

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 _____