

High Country Community Health Employment Application

Please fill out completely. Type in your information or hand print using a black or blue pen.

Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Cell number

E-mail address

Social security number

Driver's license number/state/expiration

Employment Desired

Position applied for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

Education

| | Name and Address of School | Course of Study | Total Years of Study | Degree/Diploma |
|-----------------------|----------------------------|-----------------|----------------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other (Specify) | | | | |

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 10):

Last Name, First Initial:

Today's Date:

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Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

| | | | | |
|--|---|------------------------------|------------|---|
| 1. | Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No) | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Pay | Ending Pay | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| Reason(s) for leaving (or wanting to leave if currently employed) | | | | |
| Was your departure voluntary or involuntary? What value did you add to this company or its customers? | | | | |
| Duties: | | | | |
| | | | | |
| 2. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Pay | Ending Pay | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| Reason(s) for leaving | | | | |
| Was your departure voluntary or involuntary? What value did you add to this company or its customers? | | | | |
| Duties: | | | | |

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Employment History

| | | | | |
|--|------------------|------------------------------|------------|---|
| 3. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Pay | Ending Pay | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| Reason(s) for leaving | | | | |
| Was your departure voluntary or involuntary? What value did you add to this company or its customers? | | | | |
| Duties: | | | | |
| | | | | |
| 4. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Pay | Ending Pay | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| Reason(s) for leaving | | | | |
| Was your departure voluntary or involuntary? What value did you add to this company or its customers? | | | | |
| Duties: | | | | |

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Additional Information

Have you ever been employed with this company before? Yes No
 If Yes, when? _____

Do you have any friends or relatives employed by this company? Yes No
 If Yes, please provide their names and relationship to you: _____

Are you willing to work an irregular schedule, overtime, different shifts and weekends if necessary? Yes No
 If "No", please explain _____

Do you have access to adequate transportation to travel to and from work? Yes No

Are you currently employed? Yes No
 May we contact your employer? Yes No
 Are you currently on "lay off" status and subject to recall? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No
 If Yes, please explain: _____

Have you ever been convicted of a violation of the law other than a minor traffic violation? (answering "yes" will not automatically bar you from obtaining a position) Yes No
 If "yes", please explain: _____

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" Yes No N/A

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime or weekends as needed? Yes No

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REFERENCES:

List below three persons not related to you who have knowledge of your work performance within the last 5 years

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

| |
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PLEASE USE ADDITIONAL PAPER IF NECESSARY

High Country Community Health Employment Application

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

_____ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

_____ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

_____ I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

_____ If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

Company Obligation

_____ I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Date

In Case of Emergency Notify:

1. Name: _____

Telephone Number: _____ Address: _____

Relationship: _____

2. Name: _____

Telephone Number: _____ Address: _____

Relationship: _____

***Certification of Authorization- Please read thoughtfully**

I certify that all facts contained in the application are true and complete and acknowledge that the company is relying on the accuracy of the information provided. I authorize the company to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to the company. I also authorize the company to give references and provide information about me in response to inquiries subsequent to me employment, if hired*. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the company.

Signature of Applicant

Date

Motor Vehicle Report Request Authorization Form

Date: _____

I, _____ hereby grant permission for a Motor Vehicle Report to be run. If hired, I give my permission to run this report annually.

Printed Name

Signed Name

Witness (Printed)

Witness (Signed)