



Middle Park Medical Center
214 South Fourth Street
PO Box 399
Kremmling, CO 80459

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Middle Park Medical Center (MPMC) does not discriminate
because of race, color, creed, age, sex, marital status, religion, disability, national origin, or veteran's status.

Please fill out application completely and print clearly. A clear understanding of your background is helpful in placing you in an appropriate position. An incomplete application may not be accepted. This application will be kept on file for a period of one year.

APPLICANT DATA:

Name: _____
(Last) (First) (Middle)

Address: _____
(Mailing Address) (City) (State) (Zip)

Email Address: _____

Phone: _____ Message Phone: _____

Social Security #: _____ Are you at least 16 years old? Yes No

Are you a citizen of the U.S.? Yes No If "No", Permanent Residency or Work Permit Number: _____

Have you ever been convicted of a crime? (Excluding misdemeanor traffic violations except DUI) Convictions do not automatically disqualify an applicant from employment. The type and seriousness of the crime, the frequency of violations, the applicant's age at the time of the conviction, and the date of conviction or time elapsed since the conviction or completion of any jail sentence will be taken into consideration in addition to other job-related criteria.

Yes No If "Yes", Date: _____ Offense: _____

Are there any charges pending in this state or other states?

Yes No If "Yes", Explain: _____

Any additional information relative to a name change, use of assumed name, maiden name, or nickname necessary to conduct a check of your work record?

Yes No If "Yes", Explain: _____

POSITION/JOB INFORMATION:

Position Desired: _____ Full Time Part Time On Call

Date Available: _____ Expected Rate of Pay: \$ _____

Shift Choices: Day Evening Night Are you willing to rotate shifts: Yes No Are you willing to work weekends? Yes No

Location Preference: Kremmling Granby Either

How did you hear about this position: School Bulletin Board Agency Walk-in Newspaper: _____

Other: _____ Referral, if so, who: _____

Name and relationship of any relative in our facility: (If none, write "None") _____

Have you ever been previously employed by Middle Park Medical Center: Yes No

If so, Position: _____ Dates: _____

May your application be released to Clinics and other Health Care Facilities provided they have any openings in your area of interest: Yes No

First Name

Last Name

EDUCATION/SKILLS DATA:

Do you possess a high school diploma or GED? Yes No Last grade completed 9 10 11 12

COLLEGE OR UNIVERSITY AND ADDRESS	MAJOR SUBJECTS	DATES ATTENDED	DID YOU GRADUATE?	DEGREE OR NUMBER OF CREDITS EARNED	DATE OF LEAVING OR GRADUATION

List all relevant licenses, registrations, or certifications you possess: _____

Profession or trade name: _____

License/Permit/Certification Number: _____ State: _____ Exp. Date: _____

CLERICAL:

Computer Yes No Types _____ Software _____

Other: _____

If you are applying for a secretarial or clerical position, what is your estimated typing speed? _____

LEGAL COMPLIANCE:

Have you ever been sanctioned from participation in the Medicare program? Yes No If "Yes", what was the date? _____

If "Yes", explain: _____

PROFESSIONAL REFERENCES: (Do Not Include Relatives)

NAME AND COMPLETE ADDRESS	BUSINESS OR AFFILIATION	TELEPHONE NO.	YEARS KNOWN
1. _____ _____			
2. _____ _____ _____			
3. _____ _____			

EMPLOYMENT HISTORY: (Also include any relevant volunteer experience)

Present or Last Employer:			Date (Mo./Yr):	
			From:	To:
Address:			Total Time Employed:	
City:	State:	Zip Code:	Salary:	
			\$	
Phone:	Job Title:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time Hrs./Week	_____
		<input type="checkbox"/> Temporary	<input type="checkbox"/> On Call	
Supervisor's Name and Title:			May We Contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Detailed description of Duties:			Reason for Leaving:	

Second Previous Employer:			Date (Mo./Yr):	
			From:	To:
Address:			Total Time Employed:	
City:	State:	Zip Code:	Salary:	
			\$	
Phone:	Job Title:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time Hrs./Week	_____
		<input type="checkbox"/> Temporary	<input type="checkbox"/> On Call	
Supervisor's Name and Title:			May We Contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Detailed description of Duties:			Reason for Leaving:	

Third Previous Employer:			Date (Mo./Yr):	
			From:	To:
Address:			Total Time Employed:	
City:	State:	Zip Code:	Salary:	
			\$	
Phone:	Job Title:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time Hrs./Week	_____
		<input type="checkbox"/> Temporary	<input type="checkbox"/> On Call	
Supervisor's Name and Title:			May We Contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Detailed description of Duties:			Reason for Leaving:	

Fourth Previous Employer:			Date (Mo./Yr):	
			From:	To:
Address:			Total Time Employed:	
City:	State:	Zip Code:	Salary:	
			\$	
Phone:	Job Title:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time Hrs./Week	_____
		<input type="checkbox"/> Temporary	<input type="checkbox"/> On Call	
Supervisor's Name and Title:			May We Contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Detailed description of Duties:			Reason for Leaving:	

APPLICANT CERTIFICATION/RELEASE OF INFORMATION

(Please Read Carefully)

I certify that the information contained in this application is true and complete. I understand that any misrepresentation or willful omission of facts is cause for immediate dismissal.

I hereby authorize MPMC to investigate my statements and conduct a background investigation if deemed necessary. All employers, educational institutions, law enforcement agencies, state and federal courts, and references listed are hereby authorized to give MPMC any and all information regarding my employment, background, or character. MPMC and all employers, educational institutions, law enforcement agencies, state and federal courts, and references are hereby released from any and all liability which may result from furnishing or using such information.

I understand that MPMC complies with the ADA and makes reasonable accommodations for essential job functions, as may be requested and appropriate. I further understand that it is a condition of employment that all employees will follow hospital policies and procedures.

I also agree that any personal property carried by me to and from the MPMC premises may be inspected by MPMC authorized personnel.

I understand the MPMC requires pre-employment drug screening of all of its employees, regardless of position offered within the facility. I further understand that if an employment offer should be made, this offer will be contingent upon the successful completion of a drug screen (negative result).

The use of the application blank does not indicate there are positions open and does not in any way obligate MPMC. Additionally, this application should not be considered as an employment agreement. Any decisions regarding length of employment, interpretation, or application of policies or procedures by the Hospital will be final and binding on all parties concerned. I further agree that my employment and compensation can be terminated at will, with or without cause and with or without notice, at anytime either at my option or at the option of MPMC.

Applicant's Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date of Interview: _____

Discussed: Job Hours _____ Rotate Shifts: Yes No

FT PT Other: _____ Hours per pay period: _____

Starting Date & Time: _____ Starting Salary: _____

Overtime: Exempt Non-Exempt

Hired by: _____ Dept.: _____

Replacement for: _____ Budgeted: Yes No