



**Middle Park Health**  
**214 South Fourth Street**  
**PO Box 399**  
**Kremmling, CO 80459**

## EMPLOYMENT APPLICATION

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

*Middle Park Health (MPH) 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:

*First Name*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Would you like to receive text messages regarding this position (data rates may apply)? Yes No Are you at least 16 years old? Yes No

Are you legally authorized to work in the U.S.? Yes No

### POSITION/JOB INFORMATION:

*Last Name*

Position Desired: \_\_\_\_\_  Full Time  Part Time  On Call

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

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

Location Choice:  Kremmling  Granby  Either

How did you hear about this position: Middle Park Health Website Job Board; which one? \_\_\_\_\_ Walk In

Newspaper: \_\_\_\_\_ 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 other departments, provided they have any openings in your area of interest: Yes No

## EDUCATION/SKILLS DATA:

Do you possess a high school diploma or GED?  "Yes  "No Last gradg'completed: "" "32"33"34".....

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:  PC  Mac Software: MicroSoft Word Excel PowerPoint Other: \_\_\_\_\_

## 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:	
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:	
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:	
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:	
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 MPH 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 MPH any and all information regarding my employment, background, or character. MPH 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 MPH 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 MPH premises may be inspected by MPH authorized personnel.

I understand the MPH 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 MPH. 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 any time either at my option or at the option of MPH.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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