MIDDLE PARK HEALTH

Keeping Life Grand

Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Middle Park Health does not discriminate in employment on the basis of race, color, religion, sex, pregnancy, national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, parental status, military service or other non-merit factor

Middle Park Health is an at-will employer.

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 Number: _____

Would you like to receive text messages regarding this position (data rates may apply)? ☐Yes ☐No

Are you at least 16 years of age? ☐Yes ☐No Are you legally authorized to work in the U.S.? ☐Yes ☐No

POSITION/JOB INFORMATION:

Position Desired: _____ ☐Full Time ☐Part Time ☐On Call

Date Available: _____ Expected Rate of Pay $_____ ☐Hourly ☐ Annually

Shift: ☐Day ☐ Evening ☐ Night Are you Willing to rotate Shifts: ☐Yes ☐ No Are you willing to work Weekends? ☐ Yes ☐No

Location Choice: ☐Kremmling ☐Granby ☐Fraser/ Winter Park ☐Remote ☐Any

How did you hear about this position? ☐ Middle Park HealthWebsite Job Board: _____ ☐Walk In

☐ 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/Date _____

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 Highest Grade ☐9 ☐10 ☐ 11 ☐ 12

COLLEGE OR UNIVERSITY	MAJOR SUBJECTS	DATES ATTENDED	DID YOU GRADUATE?	DEGREE OR NUMBER OF CREDITS EARNED
			☐Yes ☐No	
			☐Yes ☐No	
			☐Yes ☐No	

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

License/Permit/Certification Number: _____State: _____ Exp Date: _____

LEGAL COMPLIANCE:

Have you ever been sanctioned from participation in the Medicare program? ☐Yes ☐No If "yes", what was the date and please explain. _____

Professional References **(Do Not Include Relatives)**

Name, Contact Number, Affiliation/business

1. _____
2. _____
3. _____

EMPLOYMENT HISTORY: (Also include any relevant volunteer experience)

Present or Last Employer:			Date (Mo./Yr): From :	To:
Address:				
City:	State:	Zip Code:		
Phone:	Job Title:		☐Full Time ☐Part Time Hrs./Week ☐Temporary ☐On Call	
Supervisor's Name and Title:			May We Contact? ☐Yes ☒No	
Detailed description of Duties:			Reason for Leaving:	
Second Previous Employer:			Date (Mo./Yr): From:	To:
Address:				
City:	State:	Zip Code:		
Phone:	Job Title:		☐Full Time ☐Part Time Hrs./Week ☐Temporary ☐On Call	
Supervisor's Name and Title:			May We Contact? ☐Yes ☒No	
Detailed description of Duties:			Reason for Leaving:	
Third Previous Employer:			Date (Mo./Yr): From:	To:
Address:				
City:	State:	Zip Code:		
Phone:	Job Title:		☐Full Time ☐Part Time Hrs./Week ☐Temporary ☐On Call	
Supervisor's Name and Title:			May We Contact? ☐Yes ☒No	
Detailed description of Duties:			Reason for Leaving:	
Fourth Previous Employer:			Date (Mo./Yr): From:	To:
Address:				
City:	State:	Zip Code:		
Phone:	Job Title:		☐Full Time ☐Part Time Hrs./Week ☐Temporary ☐On Call	
Supervisor's Name and Title:			May We Contact? ☐Yes ☒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.

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Applicant's Signature: _____ Date:_____

PLEASE DO NOT WRITE BELOW THIS LINE

Date of Interview: _____

Discussed: Job Hours_____ Rotate Shifts: Yes No

☐FT ☐PT ☐PRN ☐Other:_____ Hours per pay period: _____

Starting Date: _____ Starting Salary: _____ ☐PRN $_____
Overtime: ☐Exempt ☐Non-Exempt

Hired by: _____Dept.: _____

Replacement for:_____ Budgeted: ☐Yes ☐No

Submit