

Centennial Peaks Hospital

2255 South 88th Street
Louisville, CO 80027
(303) 666-2036

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

DATE: ___ / ___ / ___

PLEASE TYPE OR PRINT IN BLACK INK:

1. POSITION DESIRED

(1 st Choice)		(2 nd Choice)		Minimum Earnings Required			
Date Available for work	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary <input type="checkbox"/> On Call <input type="checkbox"/> Per Diem	Referred By	<input type="checkbox"/> Drop-in <input type="checkbox"/> Other	<input type="checkbox"/> Ad* <input type="checkbox"/> Employee	<input type="checkbox"/> Agency	<input type="checkbox"/> School
			* Name of Paper:		NAME _____		
Shift Preferred	Have you ever applied here before? When? Under what name?						

2. GENERAL –PERSONAL INFORMATION

Last Name	First	Middle	Telephone () ()	-Home -Work
Home Address (Street & Number)	City	State	Zip Code	
Social Security Number - -	Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> NO If no, a work permit will be required prior to employment.			
Parents or Guardian in Minor Applicant (Name and Address)				
Friends or Relatives employed by this hospital				

3. LICENSING

Identify each license or certification held, include serial numbers and expiration date.

CPR? Yes No Expires _____

4. EDUCATION

NAME AND LOCATION OF SCHOOLS	GRAD?		Degree	GPA	Major Field of Study
	YES	NO			
High School Last Attended					
College	Name				
	City		State		
Or University	Name				
	City		State		
Graduate School	Name				
	City		State		
Business or Vocational	Name				
	City		State		
Other					

5. OFFICE SKILLS (For clerical applicants only)

Typing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	WPM _____	Adding Machine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Calculator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shorthand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	WPM _____	Dictaphone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PBX	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Computer Literate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Level	Software Programs			Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Beginner	_____					
			Intermediate	_____					
			Expert	_____					

6. MISCELLANEOUS

List special language skills, scholarships, or other significant activities (exclude any information indicative of race, sex, age, national origin, age, citizenship, or disability).

7. GOALS

Immediate	Long Term

8. PROFESSIONAL REFERENCES (Other than relatives)

GIVE THREE REFERENCES WHO HAVE GOOD KNOWLEDGE OF YOUR WORK DURING THE PAST FIVE OR MORE YEARS

Name	Position	Address (Include City/State)	Phone Work/Home	Number of years known
1.				
2.				
3.				

9. EMPLOYMENT

Account for the past ten (10) years. Include periods of unemployment, self-employment, schooling or military service. List present (or most recent) position first. Please include any other name under which such records may appear. Attach supplement sheet if more space needed.

May we contact your present employer? Yes No

May we contact your past employers? Yes No

1. Name of Employer	Telephone Number ()	Mo.	Yr.	Base Salary per <input type="checkbox"/> Hr. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	
		From: _____	_____	Starting	Final
Street City State		To: _____	_____	\$	\$
Title/Duties and Responsibilities		Type of Business		Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)	
		Supervisor		\$	Per <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.

Reason for leaving

2. Name of Employer	Telephone Number ()	Mo.	Yr.	Base Salary per <input type="checkbox"/> Hr. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	
		From: _____	_____	Starting	Final
Street City State		To: _____	_____	\$	\$
Title/Duties and Responsibilities		Type of Business		Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)	
		Supervisor		\$	Per <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.

Reason for leaving

3. Name of Employer	Telephone Number ()	Mo.	Yr.	Base Salary per <input type="checkbox"/> Hr. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	
		From: _____	_____	Starting	Final
Street City State		To: _____	_____	\$	\$
Title/Duties and Responsibilities		Type of Business		Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)	
		Supervisor		\$	Per <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.

Reason for leaving

4. Name of Employer	Telephone Number ()	Mo.	Yr.	Base Salary per <input type="checkbox"/> Hr. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	
		From: _____	_____	Starting	Final
Street City State		To: _____	_____	\$	\$
Title/Duties and Responsibilities		Type of Business		Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)	
		Supervisor		\$	Per <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.

Reason for leaving

5. Name of Employer	Telephone Number ()	Mo.	Yr.	Base Salary per <input type="checkbox"/> Hr. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	
		From: _____	_____	Starting	Final
Street City State		To: _____	_____	\$	\$
Title/Duties and Responsibilities		Type of Business		Other Compensations, i.e. Bonus, Shift Diff., Commissions, Etc. (Specify)	
		Supervisor		\$	Per <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.

Reason for leaving

10. SECURITY

A. Are you legally eligible to work in the U.S.?

Yes No

If you are hired to work in this hospital, you will be required to furnish documentation within 3 working days that you are a legal resident and are legally entitled to work in the U.S.

B. Have you been convicted of a felony within the past seven years?

Yes No

If yes, please briefly describe the circumstances of your conviction, indicating the date, nature, and place of the offense, and the disposition of the case. A felony conviction does record will not bar you from employment since this will be looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense.

11. CONDITIONAL OFFER OF EMPLOYMENT

Compliance with this hospital's Substance Abuse Policy is a condition of employment. We require that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Centennial Peaks Hospital will not hire any applicant who fails to pass the pre-employment drug test. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.

I have read and understand these conditions of employment.

Signature _____

Date _____

The hospital does not discriminate against anyone on the basis of race, age, creed, sex, religion, color, national origin, disability, veteran, or citizenship status.

During our initial or subsequent processing of your application for employment, a reference inquiry may be made which will provide applicable information concerning character, general reputation and personal characteristics. We may also verify such data as dates of employment, past or present salary and reasons for leaving previous employers. Omissions or misstatements of material facts may be considered cause for dismissal. Upon your written request we will provide you with additional information as to the nature and scope of the inquiry, if one is made.

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FORGOING QUESTIONS AND STATEMENTS ARE TRUE AND CORRECT WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I AGREE THAT THE HOSPITAL SHALL NOT BE LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF FALSITY OF STATEMENTS, ANSWERS, OR OMISSIONS MADE BY ME IN THE QUESTIONNAIRE. I ALSO UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS TERMINABLE AT WILL SO THAT EMPLOYMENT SHALL CONTINUE ONLY AS LONG AS IT IS MUTUALLY AGREEABLE, AND FURTHER, NOTHING IN THIS APPLICATION IN ANY WAY CREATES AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT BETWEEN THE HOSPITAL AND ME.

I authorize the companies, school, or persons named above to give any information regarding my employment, or scholastic standing, together with any other information they may have.

SIGNATURE _____

DATE _____

DO NOT ANSWER THE QUESTIONS BELOW

TO BE COMPLETED DURING THE INTERVIEW IF ONE IS SCHEDULED

After reviewing the essential functions of the job you are applying for, please state whether you can perform these essential job functions with or without a reasonable accommodation. Yes No

If an accommodation is required, please state what accommodation would assist you in performing these essential job functions.

(Use additional paper if necessary)