

# Conejos County Hospital



## Application for Employment

P.O. Box 639

La Jara CO, 81141

(719)-274-5121

Please **Print** answers to all questions below. Each question should be fully and accurately answered. All information will be held in strict confidence.

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

First

Middle

Last

Mailing Address: \_\_\_\_\_

Present Physical Address: \_\_\_\_\_

# and street

City

State

Zip Code

How long have you resided at your current address? \_\_\_\_\_

### Personal Information

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you been convicted of a crime other than a minor traffic violation within the last 5 years?

\_\_\_\_\_. If yes please explain. \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ If not bring your work permit for your interview.

Are you related to any current employee? \_\_\_\_\_. If yes, whom? \_\_\_\_\_

Relationship \_\_\_\_\_ . Department \_\_\_\_\_

Do you smoke? \_\_\_\_\_. Employee smoking prohibited on campus effective July 1991.

### Employment

Have you ever been employed here? \_\_\_\_\_. If yes under what name? \_\_\_\_\_

If yes, list department, position held, and date of employment \_\_\_\_\_  
\_\_\_\_\_

Have you ever supervised the work of others? \_\_\_\_\_. If yes, how many and nature of work? \_\_\_\_\_

If presently employed why do you wish to change jobs? \_\_\_\_\_

If presently unemployed, give last day worked: \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ if so when? \_\_\_\_\_

Have you ever been discharged or asked to resign? \_\_\_\_\_ If yes please explain: \_\_\_\_\_

**Job Information**

Position applying for: \_\_\_\_\_

Shifts available: 7-3 \_\_\_ 3-11 \_\_\_ 11-7 \_\_\_ Other: \_\_\_\_\_

Date available: \_\_\_\_\_ Full time \_\_\_ Part time \_\_\_ Summer \_\_\_ Regular \_\_\_ Temp \_\_\_ PRN \_\_\_

**Personal References**

Do not include relatives or former employers.

Name	Address	Position	Phone

**Educational Data**

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Name of School	Location	Course of study	From	To	Graduation Yes or No
<b>High School</b>					
<b>Colleges</b>					
<b>Graduate</b>					
<b>School of Nursing</b>					
<b>Tech. or Profesional</b>					
<b>Other</b>					

Degree \_\_\_\_\_ Major \_\_\_\_\_

List extra curricular activities while in school \_\_\_\_\_  
 \_\_\_\_\_

**Employment History**

List all employment beginning with your present or most recent job.

Date started: \_\_\_\_\_ . Date ended: \_\_\_\_\_

Name of company: \_\_\_\_\_

Phone: \_\_\_\_\_ . Type of business: \_\_\_\_\_

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

Street City State Zip

Position or title: \_\_\_\_\_ . Duties: \_\_\_\_\_

Full or part time? \_\_\_\_\_ . Name of Supervisor: \_\_\_\_\_

Starting salary: \_\_\_\_\_ . Final salary: \_\_\_\_\_ . Reason for leaving: \_\_\_\_\_

Date started: \_\_\_\_\_ . Date ended: \_\_\_\_\_

Name of company: \_\_\_\_\_

Phone: \_\_\_\_\_ . Type of business: \_\_\_\_\_

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

Street City State Zip

Position or title: \_\_\_\_\_ . Duties: \_\_\_\_\_

Full or part time? \_\_\_\_\_ . Name of Supervisor: \_\_\_\_\_

Starting salary: \_\_\_\_\_ . Final salary: \_\_\_\_\_ . Reason for leaving: \_\_\_\_\_

Date started: \_\_\_\_\_ . Date ended: \_\_\_\_\_

Name of company: \_\_\_\_\_

Phone: \_\_\_\_\_ . Type of business: \_\_\_\_\_

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

Street City State Zip

Position or title: \_\_\_\_\_ . Duties: \_\_\_\_\_

Full or part time? \_\_\_\_\_ . Name of Supervisor: \_\_\_\_\_

Starting salary: \_\_\_\_\_ . Final salary: \_\_\_\_\_ . Reason for leaving: \_\_\_\_\_

Date started: \_\_\_\_\_ . Date ended: \_\_\_\_\_

Name of company: \_\_\_\_\_

Phone: \_\_\_\_\_ . Type of business: \_\_\_\_\_

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

Street City State Zip

Position or title: \_\_\_\_\_ . Duties: \_\_\_\_\_

Full or part time? \_\_\_\_\_ . Name of Supervisor: \_\_\_\_\_

Starting salary: \_\_\_\_\_ . Final salary: \_\_\_\_\_ . Reason for leaving: \_\_\_\_\_

If you worked at any of the above positions under another name, please give name and which employer. \_\_\_\_\_

Are you presently employed: \_\_\_\_\_ . If yes may we contact your employer? \_\_\_\_\_

Please provide any other information you believe would be relevant in our assessing your qualifications for this specific position. \_\_\_\_\_  
\_\_\_\_\_

### Professional Data

Nursing state permit or license/registration \_\_\_\_\_ Serial# \_\_\_\_\_

Renewal# \_\_\_\_\_ Expiration date \_\_\_\_\_ In what other states are you licensed to practice? \_\_\_\_\_

Other professional affiliations or organizations of which you are a member \_\_\_\_\_  
\_\_\_\_\_

### Non-Nursing

National registration # \_\_\_\_\_ List registry organization \_\_\_\_\_

### Clerical Skills

Typing speed \_\_\_\_\_ Shorthand or speedwriting speed \_\_\_\_\_ Other office skills \_\_\_\_\_

**Applicants Certification**

I certify that the answers given by me to the foregoing questions and statements are true and correct and I have not made any significant omissions. I agree that this hospital shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on this questionnaire. I expressly authorize this hospital to check my employment references to determine my suitability for employment. I also authorize the companies, schools, or persons named to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information.

I understand that if I am employed, it would be for an orientation period; that if, in the judgment of the institution, I prove unsatisfactory during this period, the employment may be terminated by the hospital without notice, and that, after this orientation period, the employment may be terminated by either party upon proper notice to the other. I understand and agree that I may be required to work a schedule or in an area other than that for which I was initially hired. I also understand that no supervisor or department manager of the facility other than the CEO has the authority to alter the foregoing.

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

**To Be completed by Human Resources**

Personnel interview by: \_\_\_\_\_ Date \_\_\_\_\_ Rate Quoted \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department interview  
by: \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_ Starting rate \_\_\_\_\_ Grade \_\_\_\_\_

Cost Center \_\_\_\_\_ Job Code \_\_\_\_\_ Starting Date \_\_\_\_\_ Orientation  
date \_\_\_\_\_ Shift \_\_\_\_\_ Remarks \_\_\_\_\_  
\_\_\_\_\_

Circle One: Regular Temporary Full Time Part Time Summer On Call/PRN