

Application for Employment

A7940-LP 08/05

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

		Date	This application to be active for a period of _____ days only.	
Applicant Name (Please Give Complete Name)		Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No.	Home Phone
Present Address (Include City, State, Zip Code)				
Previous Address (If at Present Address Less Than 12 Months)				E-mail Address
Current Open Position(s) for Which You Are Applying			Type of Position	Shift
1)	2)	3)	<input type="checkbox"/> Per Diem <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Pool <input type="checkbox"/> PRN <input type="checkbox"/> Temporary <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Night <input type="checkbox"/> Rotation
Salary Requirement	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available For Work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked at this facility or in a facility associated with LifePoint Hospitals, or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what facility?		Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about this position? <input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Current Employee <input type="checkbox"/> Other: _____	Are you able to perform the essential, job related functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify an applicant from employment.) If yes, give date, place and nature of each such conviction.				
Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and/or are you aware of any potential exclusion from a federally funded health program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Educational History

Type of School	Name of School City, State	Check Last Year Attended in School	Degree or Certificate
High School/ GED		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		Length of time attended	
Other		Length of time attended	

List any professional licenses, registration or certification you possess (Include Drivers License, if applicable) <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Type</th> <th style="width: 20%;">State Issued</th> <th style="width: 20%;">Expiration Date</th> <th style="width: 45%;">Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> Has your license(s) in this state or another state been suspended, limited, revoked or under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	Type	State Issued	Expiration Date	Number													Clerical or other skills applicable to the position for which you are applying <input type="checkbox"/> Typing (_____ wpm) <input type="checkbox"/> PBX <input type="checkbox"/> Proficient in Software: _____ <input type="checkbox"/> Business machines and/or equipment you can operate: _____ <input type="checkbox"/> Other: _____
Type	State Issued	Expiration Date	Number														

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Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

Current or Most Recent	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed	
	Job Title			Other reference with this employer		Reason for leaving
	Nature of Duties					
1st Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address	Name while employed		
	Job Title			Reason for leaving		
	Nature of Duties					
2nd Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address	Name while employed		
	Job Title			Reason for leaving		
	Nature of Duties					
3rd Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address	Name while employed		
	Job Title			Reason for leaving		
	Nature of Duties					

Professional References (Other than Relatives) Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone - Work/Home	Number of Years Known
1.				
2.				

<p>Please Review and Sign Where Indicated.</p> <p>In making application for employment:</p> <ul style="list-style-type: none"> I certified that the information in this application is true and complete and acknowledge it may be verified by the facility or any affiliate. If the information provided is false, incomplete or contains misrepresentations, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. 	<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES. I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires 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. Continued employment is also contingent upon compliance with the hospital's Substance Abuse Policy. 	<ul style="list-style-type: none"> I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal health care program, or receive a government contract. I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY. <p>Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
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<p>I have read and understand these conditions of employment. </p>	Applicant Signature	Date Prepared
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Office Use Only	<input type="checkbox"/> Referred to Department _____	<input type="checkbox"/> Not Qualified for Opening
	<input type="checkbox"/> Recommended Employment	<input type="checkbox"/> References Checked
	Date _____	By _____

NORTHEASTERN NEVADA REGIONAL HOSPITAL
Self-Identification Form

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

Last Name	First Name	M.I.	SS#
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We comply with all applicable laws governing employment practices and do not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/national guard or any other similarly protected status..

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we invite you to complete this form. These legal obligations require that we report annually on the composition of our workforce on Form EEO-1.

Providing this information is voluntary and refusal to provide it will not subject you to adverse treatment. Further, if provided, the information will be kept confidential and used only in accordance with government recordkeeping provisions. It will not be used for employment purposes, and it will be filed separately from your file.

Sex	Race-Ethnic
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> If not Hispanic or Latino, then <ul style="list-style-type: none"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups in Africa.

Asians (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indians or Alaskan Natives – All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Veterans Status

Veteran of the Vietnam era means a person who served on active duty for a period of more than 180 days, any part of which occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 and who

- (1) was discharged or released therefrom with other than dishonorable discharge, or
- (2) was discharged or released from active duty for a service-connected disability.

Other Protected Veteran means a person who served in a war or a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded. This includes a number of military engagements that are listed on the attachment to this form.

Special Disabled Veteran means a person who:

- (1) Is a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap, or
- (2) Is a person who was discharged or released from active duty because of a service-connected disability.

Northeastern Nevada Regional Hospital is an Equal Opportunity Employer

Dated: _____

Signature: _____