

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

Name (Last) (First) (Middle) Date

List other names, if any you have used.

Mailing Address (No. Street/P.O. Box) (City) (State) (Zip)

Telephone(s) Home ( ) Cell ( ) Work ( )

Position(s) Applied for (Note: Applications for "any" job will not be considered--specific job(s) must be listed)

1st choice: 2nd choice: 3rd choice:

How did you hear about this position? Advertisement Walk-In Website Referral (by whom?)

Other (explain)

If offered employment when will you be available to begin?

What type of employment will you accept? Full-Time Per diem

Will you be available for shift work? Yes No

Will you be available to work weekends and/or holidays if necessary? Yes No

Will you be available to work overtime and/or extra shifts if necessary? Yes No

Have you been given a job description or had the requirement of the job explained to you? Yes No

Do you understand the job requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodation? Yes No

To qualify for employment, applicants must be at least 18 years of age unless otherwise specified in the job announcement. If offered employment, can you furnish proof of age? Yes No

After an offer of employment, can you submit verification of your legal right to work in the United States? Yes No

LICENSES (Optional, unless required for the position for which you are now applying.)

List current professional licenses, certifications, or registrations required for the position for which you are applying.

Indicate types, state license numbers and expiration dates.

For positions requiring driving: Do you possess a valid driver's license? Yes No

If so, license expires Class Restrictions (if any)

For positions that require typing: I certify that I can type at a speed of WPM.

List computer programs with which you are familiar:

In addition to English, list any other language abilities you possess.

Verbal fluency in Written fluency in

List any special skills you possess and/or equipment or office machines you can operate.

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**EDUCATION RECORD**

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Did you graduate from high school or receive a GED certificate or equivalent?  Yes  No

School Name	Location	Hours Earned	Major Field of Study	Diploma, Degree, or Certificate
Business/Technical/Vocational 1.				
2.				
College/University (Undergraduate) 1.				
2.				
Graduate School				

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**EMPLOYMENT HISTORY**

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Provide information regarding all paid employment (include military if duties/assignments relate to the job you are applying for). Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do **NOT** use references such as "See Résumé" in place of completing this section.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.).....  Yes  No

Present Employer \_\_\_\_\_ Present Position \_\_\_\_\_

Mailing Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

City/State \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)

Zip Code \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_

Supervisor's Email \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Describe Related Duties:**

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

City/State \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)

Zip Code \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_

Supervisor's Email \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Describe Related Duties:**

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Position \_\_\_\_\_  
Mailing Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City/State \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)  
Zip Code \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Supervisor's Email \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Describe Related Duties:**

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Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Position \_\_\_\_\_  
Mailing Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City/State \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)  
Zip Code \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Supervisor's Email \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Describe Related Duties:**

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Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Position \_\_\_\_\_  
Mailing Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
City/State \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)  
Zip Code \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Supervisor's Email \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Describe Related Duties:**

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Reason for Leaving \_\_\_\_\_

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Please state below any other information that would be helpful in determining your qualifications for this position or to give us further details or information in connection with what you wrote above which you believe should be explained. For example, if you have moved several times or your jobs were of short duration, you should tell us why. You may also include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application. (Please continue on next page or add additional sheets if more space is needed.)

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### **OTHER INFORMATION**

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Have you ever been disciplined in your employment related to workplace violence?       Yes       No

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

Have you ever been terminated or asked to resign?       Yes       No

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

Have you ever been employed by Mt. Grant General Hospital?       Yes       No

If yes, please provide the following information: Department \_\_\_\_\_ Position Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Separation \_\_\_\_\_

Are you related to anyone who is currently employed by Mt. Grant General Hospital?       Yes       No

If yes, please provide the following information: Related person's name \_\_\_\_\_

Relationship \_\_\_\_\_

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### **ACKNOWLEDGMENTS**

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Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact Jonalee Roberts, Human Resources Department.

\_\_\_\_\_ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

\_\_\_\_\_ This application is the property of Mt. Grant General Hospital and will become part of my personnel file if I am hired.

\_\_\_\_\_ I authorize Mt. Grant General Hospital to contact any employer or individual that I have listed on my employment application and/or résumé or mentioned during job interviews to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with Mt. Grant General Hospital. In addition, I authorize Mt. Grant General Hospital to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize Mt. Grant General Hospital to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize Mt. Grant General Hospital to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.

\_\_\_\_\_ In exchange for Mt. Grant General Hospital's consideration of my employment application, and/or any continued employment with Mt. Grant General Hospital, I authorize anyone possessing information to furnish it to Mt. Grant General Hospital upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Mt. Grant General Hospital, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

\_\_\_\_\_ I further understand this consent will apply during the entire course of my employment with Mt. Grant General Hospital should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely.

\_\_\_\_\_ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with Mt. Grant General Hospital. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from Mt. Grant General Hospital constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related physical examination and drug screening upon conditional offer of employment. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

\_\_\_\_\_ Per NRS 281.060(2), I opt to exercise my rights by voluntary attaching a copy of my DD214. NRS 281.060(2) states preference must be given, *if qualifications of applicants are equal*: a) first, to a honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

*Form revised 12/20/2017 jdr*

Mt. Grant General Hospital  
**Professional Reference Form**

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

**Please list below PROFESSIONAL references such as previous supervisors, employers, co-workers, etc.**

1. Professional Reference Name \_\_\_\_\_

Relationship (example: Former Supervisor) \_\_\_\_\_

Company \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

2. Professional Reference Name \_\_\_\_\_

Relationship (example: Former Supervisor) \_\_\_\_\_

Company \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

3. Professional Reference Name \_\_\_\_\_

Relationship (example: Former Supervisor) \_\_\_\_\_

Company \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

4. Professional Reference Name \_\_\_\_\_

Relationship (example: Former Supervisor) \_\_\_\_\_

Company \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**Applicant: Please complete shaded area ONLY.**

**Request for Employment Information  
For  
Mt Grant General Hospital  
P.O. Box 1510  
Hawthorne, Nevada 89415  
775 945 2461 \*\*\* 775 945 0725 fax**

To: \_\_\_\_\_  
Employer Name and Address

From: \_\_\_\_\_  
Employee/former Employee

In accordance with provisions of NRS 41.755, I hereby request that you disclose the information requested below to the Human Resources Department at Mt. Grant General Hospital. I submit this Request voluntarily to supplement my employment application which I understand will be considered with or without this form. I hereby fully release the company, its agents and any person or entity that provides or receives information pursuant to this Affidavit from any and all liability and any damage which may arise there from.

Signature of Employee/former employee \_\_\_\_\_ Date: \_\_\_\_\_

The above named individual has applied for employment with Mt. Grant General Hospital and has named you as a former employer. In order to make an informed hiring decision, we need to know the applicant's work history. Any information that you give will be held in the strictest confidence. Please verify employment by answering the following questions:

How long was the employee with your company? \_\_\_\_\_ All dates of employment: \_\_\_\_\_

What position(s) were held by the employee? \_\_\_\_\_

How was the employee's attendance? \_\_\_\_\_ Was the employee reliable? \_\_\_\_\_

What type(s) of skill did the employee display? \_\_\_\_\_

How was the employee's ability to perform assigned job duties? \_\_\_\_\_

Were there any incidents of workplace violence, drug or alcohol abuse, patient/resident abuse, or any illegal or wrongful act? \_\_\_\_\_

Why did the employee leave your employment? \_\_\_\_\_

Is the employee eligible for rehire? \_\_\_\_\_

Any remarks? \_\_\_\_\_

Information furnished by: \_\_\_\_\_  
Name Title

**\*\*\*Thank you for your cooperation and prompt response.\*\*\***

**CRIMINAL HISTORY STATEMENT  
Mt. Grant General Hospital**

Nevada Revised Statutes 449 requires that employees or independent contractors of an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care or, if residential services are provided to children, a medical facility or a facility for treatment of abuse of alcohol or drugs that provide services to children complete this type of statement. These statutes are available online at <http://leg.state.nv.us/NRSINRS-449.html>. I acknowledge, pursuant to Chapter 449 of the NRS and Nevada Bureau of Licensure and Certification requirements, I must answer the following statement. **Initial**     

I further understand that in accordance with Chapter 449 of the NRS, if I have been convicted of any of the following, that I cannot be employed or continue to be employment with Mt. Grant General Hospital. **Initial**     

**Read and Initial each statement in the appropriate column.  
Have you ever been convicted of:**

**INITIAL BELOW  
YES or NO**

- |  |       |       |
|--|-------|-------|
| 1. Murder, voluntary manslaughter or mayhem.   | _____ | _____ |
| 2. Assault or battery with intent to kill or commit sexual assault or mayhem.  | _____ | _____ |
| 3. Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure or any other sexually related crime that is punished as a felony (including felony prostitution).   | _____ | _____ |
| 4. Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years.   | _____ | _____ |
| 5. A crime involving domestic violence that is punished as a felony.   | _____ | _____ |
| 6. A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years.  | _____ | _____ |
| 7. Abuse or neglect of child or contributory delinquency.  | _____ | _____ |
| 8. Any violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in Chapter 454 of NRS, within the immediately preceding 7 years.  | _____ | _____ |
| 9. Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5092 to NRS 200.50995, inclusive, or a law of any jurisdiction that prohibits the same or similar conduct. | _____ | _____ |
| 10. A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within in immediately preceding 7 years.  | _____ | _____ |
| 11. A violation of any provision of NRS 422.450 to 422.590, inclusive, statutory provisions relating to Nevada's State Plan of Medicaid.   | _____ | _____ |
| 12. A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years.  | _____ | _____ |
| 13. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years.  | _____ | _____ |
| 14. Any felony involving the use or threatened use of force or violence against the victim or use of a firearm or other deadly weapon.   | _____ | _____ |
| 15. An attempt or conspiracy to commit any of the offenses listed here in numbers 1 through 14 within the immediately preceding 7 years.   | _____ | _____ |

**I affirm that the statements 1-15 above are true and correct and that intentionally providing incorrect or untruthful information on this form may result in immediate termination from Mt. Grant General Hospital. I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.**

Applicant/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant/Employee Name (Printed) \_\_\_\_\_