



White Mountain Regional Medical Center

Application for Employment

Date of Application

(Valid for 90 days)

Position(s) Applying For:					
Name:					
Address:					
City, State, Zip					
Telephone #'s:					
Are you at least 18 yrs of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you legally eligible for employment in this Country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Available for Work:		Are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Employment Acceptable: (Check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Open					
Have you ever been employed by WMRMC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates:			Do you have relatives employed at WMRMC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?		
Have you been convicted of a Felony in the last (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Such conviction may be relevant if job related, but does not bar you from employment.) If yes, please explain:					
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for position. You will be required to submit an acceptable current DMV record in order to operate company vehicles.)			
Summarize any special skills, qualifications or other experience that may qualify you to work with our Medical Center:					
License/Certificates (If required for position.)					
Type:	State:	Date Issued:	Number:	Expires:	
Eligible for License: Type: <input type="checkbox"/> Yes <input type="checkbox"/> No			Have applied for license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your license(s) ever been restricted, suspended or revoked in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
Please List the name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.					
Name		Telephone #		Yrs Known	
A. List last three schools attended, starting with the last one. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. major and minor field of study.					
A. School	B. # of Yrs Completed	C. Degree/ Diploma	D. GPA/ Rank	E. Major	E. Minor

This section must be completed "See Resume" is not accepted.

List your last four employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title			Hourly Rate/Salary	
		Starting		
Immediate Supervisor and Title			\$	Per
Reason for Leaving			Hourly Rate/Salary	
		Ending		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title			Hourly Rate/Salary	
		Starting		
Immediate Supervisor and Title			\$	Per
Reason for Leaving			Hourly Rate/Salary	
		Ending		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title			Hourly Rate/Salary	
		Starting		
Immediate Supervisor and Title			\$	Per
Reason for Leaving			Hourly Rate/Salary	
		Ending		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title			Hourly Rate/Salary	
		Starting		
Immediate Supervisor and Title			\$	Per
Reason for Leaving			Hourly Rate/Salary	
		Ending		
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per

It is understood and agreed upon that any misrepresentation by the undersigned on this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, that employment at WMRMC is at-will and that the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This Application is current for 90 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that any job offer, or my continued employment if hired (within the guidelines of the American Disability Act), is contingent upon all the essential job functions with or without accommodations.

Signature of Applicant

_____/_____/_____
Date

Please Return to: WMRMC Human Resources Department (928) 333-7334
118 S. Mountain Avenue Fax (928) 333-4369
Springerville, AZ 85938

Voluntary Affirmative Action Information

WMRMC considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date: _____ Position Applied For: _____

Referral Source: Advertisement Employee Relative
 Walk-In School Other: _____
 Private Employment Agency: _____
 Government Employment Agency: _____

Applicant's Information: Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

As required, WMRMC complies with government regulations regarding government record keeping, reporting and other legal obligations. Completion of this survey is voluntary. It is not considered part of your official WMRMC Application for Employment. This information is considered CONFIDENTIAL and will not be used in any hiring decision.

Sex: Male Female

Race/Ethnic Group: Hispanic Black White
 American Indian/Alaskan Native
 Asian/Pacific Islander Other: _____

SPECIAL NOTICE TO VIETNAM VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES:

Government Contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employee and advance in employment qualified disabled veterans, veterans of the Vietnam Era, and qualified handicap individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential and refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

To be completed by Applicant- Not for interview purposes- To be filed separately from application.
This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.