

BATTLE MOUNTAIN GENERAL HOSPITAL
 535 SOUTH HUMBOLDT STREET
 BATTLE MOUNTAIN, NEVADA 89820
 Telephone (775) 635-2550 Facsimile (775) 635-8844

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date of Application	Position (s) Applied for		
Last Name	First name	Middle Name	
Mailing Address	City	State	Zip Code
Home Telephone Number	Work Telephone Number		

	Yes	No
Are you under 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
If hired, can you provide required proof of eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed an application with us before? If yes give date _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes give date _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have relatives who work or have worked for the hospital/clinic? If Yes, give name, relationship, when employed _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/>	<input type="checkbox"/>
On what date would you be available to work? _____		

Are you available to work:

Full Time	Part Time	Per Diem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shift Availability :

Days	Evenings	Nights	Weekends
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL

Have you ever committed a crime? (A conviction will not necessarily disqualify you from the position for which you have applied) If Yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony? (A conviction will not necessarily disqualify an applicant from employment) If Yes, explain _____	<input type="checkbox"/>	<input type="checkbox"/>

“WE ARE AN EQUAL OPPORTUNITY EMPLOYER”

Do you understand that all offers will be contingent upon the verification of lawful employment status as required by the Immigration Reform Act and control Act of 1986 and that you must complete this process before starting work? If hired, can you verify eligibility to work in the United States? Yes No

Do you understand that employment is contingent upon successfully completing a screening for drugs? Failure to comply or a confirmed positive test will result in retraction of the offer.? Yes No

Do you understand that employment is contingent upon successfully completing all pre-employment requirements as outlined in policy? Yes No

EDUCATION AND TRAINING	SCHOOL NAME/ADSRESS	COURSE OF STUDY	YEARS COMP.	DEGREE - DIPLOMA
ELEMENTRY SCHOOL				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				

PLEASE INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			

DESCRIBE AND SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA CURRICULAR ACTIVITIES INCLUDING MILITARY			
SPECIALIZED SKILLS	CHECK SKILLS and/or EQUIPMENT OPERATED		
CRT	FAX	PC	LOTUS 1-2-3
CALCULATOR	PBX SYSTEM	TYPEWRITER	WORDPERFECT
OTHER (list):	_____	_____	_____

State any additional information you feel may be helpful in considering your application: _____

ACADEMIC ACHIEVEMENTS: ***PLEASE*** LIST ALL PROFESSIONAL CERTIFICATES, LICENSES OR ORGANIZATIONS. (Please lists ALL license's, include; state of issue, number, and expiration date)

EMPLOYMENT HISTORY—Have you ever been involuntarily terminated or asked to resign? If so, explain:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. **INCLUDE COMPLETE MAILING ADDRESS WITH ZIP CODE—APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION**

Employer	Dates Employed		Work Performs
Mailing Address	From	To	
City, State			
Zip Code			
Telephone Number	WAGE START	WAGE FINAL	
Job Title			

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Mailing Address	From	To	
City, State			
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Telephone Number	WAGE START	WAGE FINAL	
Job Title			

Employer	Dates Employed		Work Performs
Mailing Address	from	To	
City, State			
Zip Code			
Telephone Number	WAGE START	WAGE FINAL	
Job Title			

If you need additional space, please continue on a separate sheet of paper.
NOTE: 10 year work history is preferable.

PERSONAL REFERENCES: INCLUDE COMPLETE MAILING ADDRESS WITH ZIP CODE—Application cannot be processed without this information

1. _____
Name Mailing Address City State Zip

Telephone Number

2. _____
Name Mailing Address City State Zip

Telephone Number

3. _____
Name Mailing Address City State Zip

Telephone Number

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BACKGROUND INVESTIGATION

APPLICANT'S STATEMENT:

I certify that the information on this application is true and complete. I understand that any misstatements or omissions of information are grounds for denial of employment, and if hired, for dismissal. I understand that employment is conditional upon verification of information contained herein, as well as passing a post-offer employment drug test and satisfactorily completing all pre-employment requirements as outlined in policy.

I give the facility and it's agents the right to request, and give the listed employers and schools as well as any other persons, schools, companies, credit bureaus, state licensing, law enforcement and other governmental agencies, the right to give the facility (without any further notice to me) any and all information about my background, along with any other pertinent information they may have, personal or otherwise. I release all parties from all liability, and agree not to file any claims, lawsuit or any other cause of action of any kind against any person or entity arising out of the furnishing, receipt or use of such information.

I authorize the facility to obtain a consumer report as defined under the Fair Credit Reporting Act in accordance with 15 U.S.C. 1681, et. Seq., which includes information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal record. Or mode of living, and to use such information for employment purposes. I understand that if the facility relies upon a consumer report, I will be notified about my rights in a department document.

This application for employment shall be considered active for a period of not less than 45 days. Any applicant wishing to be considered for employment beyond 6-months should request that their application be kept on file for consideration on other job opportunities.

I hereby authorize Battle Mountain General Hospital and its agents to research my background, character, education, and employment history. This includes contacting professional and personal references, and possible receive records maintained by individuals, and/or organizations both public and private. This may include workmen's compensation information..

I release, hold harmless, indemnify, and agree to defend Battle Mountain General Hospital and its agents from any and all liability, claims or law suits relating to the above mentioned research, the use of any information obtained as a result of the research, and any decisions made based on the findings of the research.

I have never been convicted of any crime or act of abuse, harm, neglect, theft, or any misdeed against any person.

I understand that failure to reveal any prior employment I have had within the past ten (10) years or providing any false or misleading information, either on my employment application or this form, may be grounds for denial of employment and/or termination if Battle Mountain General Hospital employs me.

I AGREE THAT MY EMPLOYMENT WILL BE GOVERNED BY THE FACILITIES PERSONNEL POLICY AND PROCEDURE MANUAL.

Applicant Printed Name

Applicant Signature

Date

CRIMINAL HISTORY STATEMENT

Statements 1-15 below refer to any criminal conviction which may be either a felony of a misdemeanor.

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime.
4. Within the past seven years, I have not been convicted of prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor.
5. I have never been convicted of a crime involving domestic violence that is punished as a felony.
6. Within the past seven years, I have not been convicted of a crime involving domestic violence that is punished as a misdemeanor.
7. I have never been convicted of abuse or neglect of a child or contributory delinquency.
8. Within the past seven years, I have not been convicted 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.
9. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to NRS 200.50995, inclusive, or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
10. Within the past seven years, I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
11. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive, statutory provisions relating to Nevada's State Plan for Medicaid.
12. Within the past seven years, I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare.
13. Within the past seven years, I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
14. Within the past seven years, I have not been convicted of any felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon.
15. Within the past seven years, I have not attempted or conspired to commit any of the offenses listed in this paragraph.

I affirm that the statements 1-15 above are true and correct. 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. Battle Mountain General Hospital is prohibited from employing any individual convicted of these crimes. (NRS 449.188a)

Signature

Date

PRINT NAME