

# Application for Employment



**White Mountain  
Regional Medical Center**

Applicant: \_\_\_\_\_  
                     Last Name                      First Name                      MI

Date of Application: \_\_\_\_\_ (Valid for 90 days)

Address:		City, State, Zip				
SS#:		Telephone #'s:				
Position(s) Applying For:		Are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Available for Work:	Are you at least 18 yrs of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, can you furnish a work permit? <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 <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Temp. Work Permit <input type="checkbox"/> Other:						
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		Driver's License Number: (If required for position.) You must submit an acceptable current DMV record in order to operate company vehicles.)				
Skills: Typing WPM:                      Shorthand/Speedwriting WPM:                      Dictaphone/Transcriber: <input type="checkbox"/> Yes <input type="checkbox"/> No List Computer/Software experience:						
Summarize any special skills or qualifications acquired from employment or other experience that may qualify you to work with our Medical Center:						
License/Certificates (If required for position which applying.)						
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 who are not related to you.						
<b>Name</b>		<b>Telephone #</b>	<b>Yrs Known</b>			
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.						
<b>A. School</b>		<b>B. # of Yrs Completed</b>	<b>C. Degree/ Diploma</b>	<b>D. GPA/ Rank</b>	<b>E. Major</b>	<b>E. Minor</b>

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	

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		Ending		
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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) 333-4368  
118 S. Mountain Avenue Fax (928) 333-4369  
Springerville, AZ 85938

