

BOULDER CITY HOSPITAL

Application for Employment

NOTE: A resume may be attached, however, the Application must be completed THOROUGHLY in order to be considered for any position with Boulder City Hospital.

Personal Data								
Last Name	First Name				M.I.	Date of Application		
Street Address:						Home Phone		
City, State, Zip Code						Daytime Phone No.		
Have you ever used a different name for school or employment ? If so, what name? _____						Yes <input type="checkbox"/> No <input type="checkbox"/>		
Position(s) applied for: 1. _____ 2. _____ 3. _____ How did you hear about this opportunity? _____						Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you or a relative ever been employed by Boulder City Hospital or any of its affiliates? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, location _____ From _____ to _____								
Work Hours/Shift Preferred Check all that apply	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	PRN <input type="checkbox"/>	Temp. <input type="checkbox"/>	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Nights <input type="checkbox"/>	Weekends <input type="checkbox"/>
Overtime may be required from time to time. Will you be able to complete overtime work if required? Yes <input type="checkbox"/> No <input type="checkbox"/> All personnel are employed with the understanding that they have a means of transportation to get to work on time each day and when called in on short notice and will work the schedule assigned to meet the needs of the facility.								
Upon employment, are you able to submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Upon employment, you will be required to show proof of citizenship or alien registration receipt.								
Have you ever been convicted of or plead nolo contendere/no contest to any criminal offense other than a routine traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: * A conviction is not an automatic bar to employment. The nature of the conviction and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the crime or release from confinement will all be considered.								
Have you reviewed a copy of the job description for the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, have the essential functions and physical requirements of the job been described to you in detail? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you able to perform the essential functions of the job as described with or without accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>								

Education						
	Name of School	Location	Course of Study (Major)	Did you graduate?	Number of years completed	Degree or Diploma
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>		
College				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business/Trade/ Tech				Yes <input type="checkbox"/> No <input type="checkbox"/>		

*All statements made by applicants for employment may be checked for accuracy.

Employment History*

(Please complete the following beginning with your most recent position and going back for 7 years including any military service – please account for any breaks in employment on page 3)

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

Company Name	Dates Employed (Mo/Yr) From To
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Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

Comments regarding breaks in employment:

Have you ever been discharged or asked to resign from a job? Yes No
If yes, please explain:

Skills/Training

Special skills you possess or specific training received that are applicable to the positions being applied for:

Professional Registration/Licensure or Certification

Type	State	ID No.	Expiration Date

Other states where formerly or currently registered?

Is your professional license or registration currently suspended or revoked in any state? Yes No
If yes, explain:

Have you ever had a professional license or registration revoked in any state? Yes No
If yes, explain:

Certification

By signing this application, and as an applicant for employment, I understand and certify the following:

- The information given by me in this application is complete and true to the best of my knowledge. Any omission, misrepresentation or falsification will preclude my application from further consideration. If employed, the subsequent disclosure of any omission, misrepresentation or falsification of information will result in the termination of my employment.
- Nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Boulder City Hospital and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon Boulder City Hospital unless made in writing and signed by the CEO of Boulder City Hospital.
- **If I am offered employment by Boulder City Hospital, my employment will be for no definite term and that either I or Boulder City Hospital will have the right to terminate the employment relationship at any time, without cause and with or without notice. I also understand that this status can only be altered by a written contract that is specific as to all material terms and is signed by me and the CEO of Boulder City Hospital.**
- Boulder City Hospital will make all necessary and appropriate investigations to verify the information contained herein. I authorize and consent to my current and former employers, educational institutions and/or persons or organizations named in this application to release information to Boulder City Hospital that may be required to make an employment decision.
- If I am offered employment, an investigative consumer report will be completed for employment purposes as appropriate to the position and upon my written authorization. I will have the right to make a written request for a complete and accurate disclosure.
- If I am offered employment, my employment is conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States and the satisfactory completion of a pre-employment drug screening for substance abuse.
- Any employee handbook or other personnel policies maintained by Boulder City Hospital do not constitute an employment contract, but are merely gratuitous statements of Boulder City Hospital's current policies.

Applicant Signature

Date

This application will remain active for a period of 90 days.

It is the policy of Boulder City Hospital to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, genetic testing or any other legally protected status as required by federal or state law.

Boulder City 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.

Veteran 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 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.

Boulder City Hospital, Inc. is an Equal Opportunity Employer

Dated: _____

Signature: _____