

APPLICATION FOR EMPLOYMENT

Franklin County Medical Center is an Equal Opportunity Employer. We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. Please complete all section of the application in full. Resumes will not be accepted as a substitute for a completed application. Incomplete applications will not be considered. A specific job title for a currently posted position must be identified. A new application must be submitted for any additional positions for which you would like to be considered.

POSITION: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>		
Last Name: <input style="width: 80%;" type="text"/>	First Name: <input style="width: 80%;" type="text"/>	Middle Name: <input style="width: 80%;" type="text"/>	
Address: <input style="width: 80%;" type="text"/>	City: <input style="width: 80%;" type="text"/>	State: <input style="width: 80%;" type="text"/>	Zip Code: <input style="width: 80%;" type="text"/>
Phone Number <input style="width: 80%;" type="text"/>	email <input style="width: 95%;" type="text"/>		

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No
 (If hired, you may be required to submit proof of age.)

Have you ever applied here before? Yes No If yes, when?

Have you ever been employed with us before? Yes No If yes, when?

Are any of your friends or relatives employed with us? Yes No If yes, who?

Have you ever been convicted of a Felony or Misdemeanor Including withheld judgments or other plea agreements, or have you ever Plead no contest to any criminal charges?
 (A criminal record does not constitute an automatic bar to employment) Yes No If yes, explain

Are you a military veteran? Yes No

Franklin County Medical Center is a 24-hour care facility, most work schedules require flexibility
 Check as many as possible.

Mark SHIFT (s) you are able to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	DESIRED SALARY RANGE: <input style="width: 95%; height: 20px;" type="text"/>
Willing to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call	
Are you willing to work overtime if required <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about this position? <input type="checkbox"/> Walk-in <input type="checkbox"/> FCMC website/Internet <input type="checkbox"/> Facebook <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Job Bulletin Board <input type="checkbox"/> FCMC Employee <input type="checkbox"/> Other	

PROFESSIONAL LICENSES AND REGISTRATIONS

License/Registration/Certification	License Number	State	Expiration Date

Do you have any pending restrictions and/or suspensions on your current professional license/registration? Yes No

Have you ever had a license/registration suspended or revoked? Yes No

Please explain: _____

EDUCATION

(You may be asked to provide documentation)

List names and addresses of schools:

High School or GED: Name: _____ Phone: _____

Address: _____

Diploma: Yes No GED: Yes No

Vocational or Technical School: Name: _____

Address: _____

Diploma or Certificate Title: _____ Date: _____

College or University: Name: _____

City: _____ State: _____

Degree: _____ Date: _____

Graduate School: Name: _____

Degree: _____ Date: _____

SKILLS

What skills or additional training (computer, software, etc) do you have that relate to the essential functions of the job for which you are applying?

What machines or equipment can you operate that relate to the essential functions of the job for which you are applying?

DRIVING JOBS ONLY

Do you have a valid Idaho Driver's License? Yes No

Driver's License Number: _____ Class of License: _____

Have you had your license suspended or revoked in the last three (3) years? Yes No

If yes, explain _____

WORK HISTORY

List employer with the most recent position first. Account for all periods including military and any period of unemployment. If self employed, give firm name and supply business references. PLEASE GIVE MONTHS AND YEARS. A resume may accompany this application, but the employment history MUST also be completed.

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

(Note: A job offer is contingent upon acceptable references from current and former employers.)

Name of Employer: _____

Supervisor: _____

Address: _____

Dates Employed from: ____/____/____ to: ____/____/____

City: _____ State: _____ Zip Code: _____

Pay/hr: Start: \$ _____ Final: \$ _____

Telephone: _____

Duties: _____

Title: _____

Reason for leaving: _____

Name of Employer: _____

Supervisor: _____

Address: _____

Dates Employed from: ____/____/____ to: ____/____/____

City: _____ State: _____ Zip Code: _____

Pay/hr: Start: \$ _____ Final: \$ _____

Telephone: _____

Duties: _____

Title: _____

Reason for leaving: _____

Name of Employer: _____

Supervisor: _____

Address: _____

Dates Employed from: ____/____/____ to: ____/____/____

City: _____ State: _____ Zip Code: _____

Pay/hr: Start: \$ _____ Final: \$ _____

Telephone: _____

Duties: _____

Title: _____

Reason for leaving: _____

Name of Employer: _____

Supervisor: _____

Address: _____

Dates Employed from: ____/____/____ to: ____/____/____

City: _____ State: _____ Zip Code: _____

Pay: Start: \$ _____ Final: \$ _____

Telephone: _____

Duties: _____

Title: _____

Reason for leaving: _____

REFERENCES

Give three references (not relatives or same supervisors listed above)

Name: _____

Relationship: _____

Address: _____

Phone: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

ATTESTATION AND CERTIFICATION

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by FCMC unless I have indicated to the contrary. I authorize the references listed above to provide FCMC any and all information concerning my previous employment and any pertinent information that they may have. Further, I release damages that may result from furnishing such information to FCMC as well as from the use or disclosure of such information by FCMC or any of its agents, employees or representatives. I understand that misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to read employment policies and conform to the rules and standards of FCMC and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or the option of FCMC.

I also understand that all offers of employment are conditioned on submitting to and successfully passing a pre-employment medical screening which includes certain lab work, a pre-employment drug screening, and showing satisfactory proof of identity and legal authority to work in the United States.

I understand that employment is also conditioned upon the results of a criminal history and background check. I acknowledge that any inaccuracies or omissions on this application in regards to a criminal history may constitute cause for denial of employment at FCMC.

Further, I hereby certify that I am not presently under investigation for healthcare fraud, waste or abuse by any governmental agency, nor have I been limited, restricted or excluded from participating in federal healthcare programs, including, but not limited to Medicare or Medicaid.

Applicant's Signature

(Your authentic signature will be required)

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Remarks _____

Employed Yes No Date to Begin Work: _____ Department: _____

Job Title: _____

Circle one: FT PT PRN Temporary Hourly Rate: _____

Approved by: _____

Name and Title