



S U B L E T T E

C O U N T Y H E A L T H

P.O. Box 627, Pinedale, WY 82941
 Phone: (307) 367-4133 Fax: (307) 367-6636

Application for Employment Sublette County Hospital District

This institution is an equal opportunity provider and employer committed to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, disability, sexual orientation, or any other basis prohibited by law.

APPLICANT INFORMATION

| | | |
|---|------------------|---------------------|
| Application Date: | | |
| Position(s) For Which You Are Applying: | | |
| Name(Last, First, Middle): | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| E-Mail Address: | | |
| Home Phone: | Alternate Phone: | |
| Type of Employment Desired: | Full Time | Part Time Temporary |
| Salary Desired: | | |
| If hired, can you show verification of your legal right to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever pled "guilty" to, "no contest" to or been convicted of any criminal offense, whether a felony or a misdemeanor, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, list the date and for what you were convicted: _____ | | |
| Note: A conviction will not necessarily bar you from employment and will be considered only if it relates to the job duties. However, be aware that answering "No" to the Question if you have been convicted of a criminal offense may be regarded as a dishonest act, which could result in the termination of your employment. | | |

EDUCATION AND TRAINING

| Name of School | Location | Did you Graduate |
|----------------------------|----------|------------------------------|
| High School: | | |
| | | Yes No GED |
| | | |
| Name of School | Location | Degree/Major Units Completed |
| College/University: | | |
| | | |
| | | |
| Trade/Business: | | |
| | | |
| | | |

EMPLOYMENT HISTORY

Please provide employment information for your current and past employers, starting with the most recent. Explain any gaps of employment in the comment section below (Use an additional sheet if necessary).

| | | | |
|----------|----------------------|-------------------------------------|--------------------------|
| 1 | From: (mo/yr) | Employer's name and address: | Type of Business: |
| | To: (mo/yr) | | |

Job Title:

Supervisor's Name and Phone #:

| | | |
|-----------------|-----------------|----------------------------|
| Hours per week: | Last Salary: \$ | # of employees supervised: |
|-----------------|-----------------|----------------------------|

Reason for leaving:

Duties:

May we contact this employer? Yes No

| | | | |
|----------|----------------------|-------------------------------------|--------------------------|
| 2 | From: (mo/yr) | Employer's name and address: | Type of Business: |
| | To: (mo/yr) | | |

Job Title:

Supervisor's Name and Phone #:

| | | |
|-----------------|-----------------|----------------------------|
| Hours per week: | Last Salary: \$ | # of employees supervised: |
|-----------------|-----------------|----------------------------|

Reason for leaving:

Duties:

May we contact this employer? Yes No

| | | | |
|----------|----------------------|-------------------------------------|--------------------------|
| 3 | From: (mo/yr) | Employer's name and address: | Type of Business: |
| | To: (mo/yr) | | |

Job Title:

Supervisor's Name and Phone #:

| | | |
|-----------------|-----------------|----------------------------|
| Hours per week: | Last Salary: \$ | # of employees supervised: |
|-----------------|-----------------|----------------------------|

Reason for leaving:

Duties:

May we contact this employer? Yes No

| | |
|------------------|--|
| Comments: | |
|------------------|--|

CERTIFICATES, LICENSES, & SKILLS

| Name of License(s) & Certificate Number | State | Expiration Date |
|---|-------|-----------------|
| | | |
| | | |

List any awards, publications, qualifications, skills for the position which are not listed in another area of the application.

HISTORY with Sublette County Rural Health Care District (SCRHCD) or SCHD?

Are you currently a SCRHCD or SCHD employee? Yes No

If yes, what is your current job title? _____

For which department do you work? _____

Have you previously worked for SCRHD or SCHD? Yes No

If yes, list the department and your job title. _____

Do you have any relatives employed by SCRHD? Yes No

(If yes, please provide details)

| Name | Position | Relationship |
|------|----------|--------------|
| | | |
| | | |

APPLICANT STATEMENT

I declare that all information I have provided in my application materials is true, complete and correct. I also declare that I have not omitted any information called for by this application. I understand that any information I provide (or fail to provide) that is found to be false, incomplete, or contains misrepresentation in any respect will be sufficient cause to cancel further consideration of this application or dismissal if I have been employed, no matter when discovered by SCHD.

I understand that my employment is contingent upon a background check and a pre-employment drug screen. I expressly authorize, without reservation, the SCHD, its representatives, employees or agents to contact and obtain information from all my employers and references and to verify the accuracy of all information provided by me in this application. I hereby waive all rights and claims I may have regarding SCHD or its representatives for seeking, gathering, and using such information in the employment process and all other persons or organization for furnishing information about me.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or SCHD. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon SCHD unless made in writing.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE

I have read, fully understand and accept all terms of the above Applicant Statement. I also understand that if my application is not signed, it is not complete and I may be disqualified from being considered for this position.

Signature: _____ **Date:** _____

References List three business/work references that are not related to you and not shown as a supervisor under the employment history section. If not applicable, list three school or personal references, not related to you. Please list Name, Title, Address, Telephone Number, and Years Known.

| Name | Title | Phone Number | Yrs. Known |
|------|-------|--------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |