



SPANISH PEAKS REGIONAL HEALTH CENTER

23500 US Highway 160 W

Walsenburg, CO 81089

VISIT OUR WEBSITE: www.sprhc.org EMAIL: application@sprhc.org

Your employment application will be used to rate your training and experience and to help determine your rank among the candidates for this position. It is, therefore, very important to fill out the application completely and to give a detailed description of your education and work experience. Your application and/or attachments should address the described duties, minimum, and preferred qualifications.

Use blank paper if you do not have enough room on this application. Incomplete or illegible applications will not be processed. While it is helpful to provide a resume, it is not acceptable to ignore application sections and write "See Resume". PLEASE PRINT OR TYPE, except for signature on final page of the application. An electronic signature is acceptable if emailing your application. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status protected by law or regulation. All qualified applicants are provided equal opportunity and all selection decisions are based solely on job-related factors. In reading the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

DATE: _____ POSITION APPLYING FOR: _____

HOW DID YOU HEAR ABOUT THIS POSITION? Job Posting Classified Ad Other (specify): _____

I WAS REFERRED TO THIS JOB BY THE FOLLOWING SPRHC EMPLOYEE: _____

APPLICANT NAME: _____ PHONE #: _____
Last First Middle

ADDRESS: _____
Street City State Zip

ARE YOU SEEKING: Full-Time Part-Time PRN (As needed) AVAILABLE FOR WORK: Week-ends Days Evenings Nights

DATE YOU CAN BEGIN WORK: _____ ARE YOU 18 YRS OF AGE OR OLDER? Yes No
(If you are hired, you may be required to submit proof of age)

WERE YOU EVER PREVIOUSLY EMPLOYED WITH SPRHC*? Yes No If yes, provide date(s): _____

*Former employees of any department of SPRHC, who were terminated for disciplinary cause or resigned in lieu of termination, must disclose this information here. Failure to do so may result in the facility rescinding an offer of employment. _____

RECORD OF EDUCATION

SCHOOL	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DEGREE, LICENSE OR CERTIFICATION	MAJOR SUBJECTS STUDIED
HIGH SCHOOL or G.E.D.				
COLLEGE				
SCHOOL OF NURSING				
SPECIALIZED TRAINING				
OTHER				

SPECIAL SKILLS

What skills or additional training do you have that is related to the job for which you are applying:	What machines or equipment can you operate that are related to the job for which you are applying?

FOR CLERICAL JOBS:

FOR DRIVING JOBS ONLY:

SOFTWARE WITH WHICH YOU ARE FAMILIAR: _____ _____ _____	DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No NUMBER: _____ STATE ISSUED: _____ CLASS: _____ HAVE YOU HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____
TYPING - APPROXIMATE WORDS PER MINUTE: _____	

EMPLOYMENT HISTORY

Please complete the information below providing your employment history beginning with your present or most recent employer.

Please note that completing this section is necessary even if you will be attaching a resume.

COMPANY	FROM	TO	TITLES/DUTIES	SUPERVISOR	REASON FOR LEAVING
Name:					
Address:					
City: State: Zip:					
Phone:					
Name:					
Address:					
City: State: Zip:					
Phone:					
Name:					
Address:					
City: State: Zip:					
Phone:					

PROFESSIONAL LICENSES & CERTIFICATES

(List all licenses currently or previously held. This information is used to help determine a starting salary, so it's imperative for the information to be accurate and detailed.)

Type	State	Original Issue Date	Expiration Date	Number	Number of Years Held

REFERENCES

BELOW PROVIDE THE NAMES AND CURRENT CONTACT INFORMATION OF THREE WORK AND/OR PERSONAL REFERNCES (PERSONAL REFERENCES SHOULD BE THOSE YOU ARE NOT RELATED TO).

NAME	ADDRESS AND TELEPHONE NUMBER	BUSINESS	HOW KNOWN (If Personal)	YEARS AQUAINTED

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION OR BEEN EXCLUDED, DEBARRED, SUSPENDED OR OTHERWISE MADE INELIGIBLE TO PARTICIPATE IN ANY STATE OR FEDERAL INSURANCE PROGRAMS?

Yes No

PLEASE LIST ALL CONVICTIONS, INCLUDING DUI'S AND/OR ANY PLEA OF "GUILTY OR NO CONTEST":

A "yes" answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered. Please know that deferred sentences generally do show up on background checks. Pending court actions which could result in conviction should also be listed above and discussed with your hiring manager, since these situations may require time away from work.

If the background check reveals something you did not tell us, your offer of employment may be rescinded, or your employment terminated!

APPLICANT'S STATEMENTS

(Please indicate that you have read and understand each paragraph of this Applicant's Statement by placing your initials beside each paragraph).

INITIALS

	I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that the discovery of false, misleading or omitted information in my application may result in my discharge.
	I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a criminal background check, and through review of federal agency lists of individuals ineligible to participate in federal programs. This inquiry may include information as to, among other things, my character, general reputation and personal conduct. I consent to this investigation and to the consideration of any statements of references by former employers or others that are given in response to the inquiry.
	I hereby release all parties, including but not limited to Spanish Peaks Regional Health Center, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Spanish Peaks Regional Health Center takes on the basis of such information.
	I understand that according to federal law, all individuals who are hired must, as a condition of employment, <i>produce certain documentation to verify their identity and United States citizen status, or if aliens, their legal authorization to work in the United States.</i> As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.
	I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by Spanish Peaks Regional Health Center. I further understand that statements which may be contained in policies, practices, employee guidelines, or other material do not create any guarantee of employment and that Spanish Peaks Regional Health Center has the right to modify, amend or terminate policies, practices, benefits' plans or other programs within the limits and requirements imposed by law. I understand that no representative of Spanish Peaks Regional Health Center, other than the Hospital CEO/President or Nursing Home Administrator, has the authority to enter into any agreement for any specific period of time to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.
	I understand that in accordance with the Drug-Free Workplace Act of 1988, Spanish Peaks Regional Health Center has established a Drug-Free Workplace policy in order to maintain a work environment that is safe for all employees, residents, patients, visitors and conducive to attaining high work standards. Consequently, I realize that if an employment offer is made, <i>hiring is contingent upon me successfully passing a urine drug test.</i>

Signature of Applicant

Date

This application for employment will remain active for a limited time. Ask the organization's representative for details.