



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

3 Jacobs Gulch
 Kellogg, ID 83837
 (208) 784-1221

- All applicants for employment with Shoshone Medical Center will be considered without discrimination based on race, color, religion, age, sex, national origin, disability, veteran or military status..
- Please complete all areas of the employment application in full. Please print or type, except those areas that require a signature.
- If you require any special or reasonable accommodation during the employment process, please notify Shoshone Medical Center's Human Resources department immediately.
- All information provided will be held in strict confidence. Employment applications will be retained by Shoshone Medical Center for six months. If you have not been contacted by us at the conclusion of three months, and still wish to be considered for employment, it will be necessary for you to complete a new application.

PERSONAL DATA

			Date
Last Name	First	Middle Initial	Telephone Number
Street Address			Message Number
City	State	Zip	Social Security Number
Position Desired			Date Available
Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Which shift(s) are you willing to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	
How did you learn of this position?			
Have you any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, indicate name, relationship and department.	
Previous Shoshone Medical Center employment From _____ To _____ <small>Month Year Month Year</small>		Have you ever applied for a position at SMC before? <input type="checkbox"/> Yes <input type="checkbox"/> No Department _____	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		(Federal law requires proof of identity and employment eligibility for all new employees.)	
Have you ever been convicted of a criminal offense? (A conviction does not necessarily disqualify an applicant.) <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain	
Have you ever had your professional license revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain	

EDUCATION

Type	Name and Location	Course of Study	Number Years Completed	Did You Graduate?	Degree or Diploma
College					
High School					
Other (military, vocational, business)					

EMPLOYMENT

Name of current/most recent employer 1.		Telephone Number
Address		Dates Employed
Supervisor's name and title		From _____ To _____ Month Year Month Year
Job title		Reason for leaving
List all jobs held, duties and activities performed. Provide skills learned and/or used and any promotions or advancements.		Rate of pay Start _____ End _____

May we contact your current employer? _____ Yes _____ No

Name of next most recent employer 2.		Telephone Number
Address		Dates Employed
Supervisor's name and title		From _____ To _____ Month Year Month Year
Job title		Reason for leaving
List all jobs held, duties and activities performed. Provide skills learned and/or used and any promotions or advancements.		Rate of pay Start _____ End _____

Name of next most recent employer 3.		Telephone Number
Address		Dates Employed
Supervisor's name and title		From _____ To _____ Month Year Month Year
Job title		Reason for leaving
List all jobs held, duties and activities performed. Provide skills learned and/or used and any promotions or advancements.		Rate of pay Start _____ End _____

Name of next most recent employer 4.		Telephone Number
Address		Dates Employed
Supervisor's name and title		From _____ To _____ Month Year Month Year
Job title		Reason for leaving
List all jobs held, duties and activities performed. Provide skills learned and/or used and any promotions or advancements.		Rate of pay Start _____ End _____

PLEASE READ AND SIGN

I understand and agree that any offer or invitation of employment with Shoshone Medical Center will be contingent upon satisfactory completion of required drug and alcohol testing, security or background investigation (if applicable) and pre-employment medical assessments. I further understand that a positive drug or alcohol test result, or unsatisfactory security investigation, will prohibit and/or cancel any offer of employment previously made by any representative of Shoshone Medical Center.

I understand and agree that, if hired, my employment with Shoshone Medical Center is for no definite period of time. Either Shoshone Medical Center or myself may terminate the at-will employment relationship at any time, with or without notice, for any reason not expressly prohibited by law. I further understand that this employment application does not constitute an employment contract.

Signature of Applicant

Date

My signature below certifies that all information provided in this application is correct and complete to the best of my knowledge and belief. I understand that intentionally falsifying information may result in refusal of employment or termination of employment with Shoshone Medical Center if discovered.

Signature of Applicant

Date

I authorize employers, schools, or persons named in this employment application to release truthful information to Shoshone Medical Center regarding my employment, education, character, and/or qualifications. I hereby release and hold such entities or persons harmless from claims for releasing any truthful information within their knowledge and/or records. I further authorize Shoshone Medical Center to release to entities, persons or organizations with whom I may seek employment, any truthful information concerning my work experience with Shoshone Medical Center. I release and hold Shoshone Medical Center harmless from claims for releasing any truthful information within their knowledge and/or records.

Signature of Applicant

Date