



25 Jacobs Gulch, Kellogg, Idaho, 83837 \* 208-784-1221

# Application for Employment

An Equal Opportunity Employer

Version No.: 3

**Thank you for your interest in employment with Shoshone Medical Center.**

To better process your application, please provide all information requested; you may supply additional information (i.e. education, work history, resume, license, or certifications) which may be valuable during our screening and hiring process. Please print or type, except those areas that require a signature. 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. If you need special or reasonable accommodations during the employment process, please notify Shoshone Medical Center's Human Resource 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.

Date: \_\_\_\_\_

## PERSONAL DATA

Last Name Initial	First	Middle	Telephone Number (     )
Mailing Address			Message Number (     )
City	State	Zip	Social Security Number -     -
Position Desired			Date Available to Start
Are you applying for: _____ Full Time    _____ Part Time		Which shift(s) are you willing to work? _____ Days    _____ Evenings    _____ Weekends	
How did you learn about this position?			
Do you have any relatives working here? _____ Yes    _____ No		If yes, indicate name, relationship and department	
Previous Shoshone Medical Center Employment From _____ To _____ (month / year)		Have you ever applied for a position at SMC before? _____ Yes    _____ No    Department _____	
Are you over 18 years of age? _____ Yes    _____ No			

## EDUCATION

Type	Name and Location	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma
<b>High School</b>	Name: _____ Location: _____			Y / N	
<b>College</b>	Name: _____ Location: _____			Y / N	
<b>Other (Military, Vocational, Business)</b>	Name: _____ Location: _____			Y / N	
<b>Other (Military, Vocational, Business)</b>	Name: _____ Location: _____			Y / N	

## EMPLOYMENT

1. Name of Current / Most Recent Employer	Telephone Number (     )
Address	Dates Employed From _____ To _____



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Job Title	Rate of Pay Start _____ End _____	( Month / Year )	( Month / Year )
Reason for Leaving			
List all jobs held, duties and activities performed. Provide skills learned and/or used and any promotions or advancements.			
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, HR/Manager/Supervisor's Name/Title:			
2. Name of Next Most Recent Employer		Telephone Number (      )	
Address		Dates Employed From _____ To _____	
Job Title	Rate of Pay Start _____ End _____	( Month / Year )	( Month / Year )
Reason for Leaving			
List all jobs held, duties and activities performed. Provide skills learned and/or used and any promotions or advancements.			
3. Name of Next Most Recent Employer		Telephone Number (      )	
Address		Dates Employed	
Job Title	Rate of Pay Start _____ End _____	From _____ To _____	_____
		( Month / Year )	( Month / Year )
Reason for Leaving			
List all jobs held, duties and activities performed. Provide skills learned and/or used and any promotions or advancements.			
4. Name of Next Most Recent Employer		Telephone Number (      )	
Address		Dates Employed	
Job Title	Rate of Pay Start _____ End _____	From _____ To _____	_____
		( Month / Year )	( Month / Year )
Reason for Leaving			
List all jobs held, duties and activities performed. Provide skills learned and/or used and any promotions or advancements.			

**MILITARY SERVICE**



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Branch of Military	Date Entered Month _____ Year _____	Date Separated Month _____ Year _____
Special Training		Final Rank or Pay Grade

## PROFESSIONAL ORGANIZATIONS

List any Professional Organizations, Societies, Certifications or Licensures

## EMERGENCY CONTACT

Name	Telephone Number (      )		
Address	City	State	Zip

## REFERENCES *(List two (2) Professional and two (2) Personal references that we may contact.)*

Professional Name	Title	Telephone Number (      )
Company Address Zip	City	State
Professional Name	Title	Telephone Number (      )
Company Address Zip	City	State
Personal Name	Relationship	Telephone Number (      )
Address Zip	City	State
Personal Name	Relationship	Telephone Number (      )
Address Zip	City	State

## OTHER *(Provide any other information, skills, or qualification you feel would be beneficial in obtaining the position you are applying for.)*


**PLEASE READ AND SIGN**



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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 I 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 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

## RETURN INFORMATION

**A. Apply on-line:**

<https://shomed.bamboohr.com/jobs/>

**B. E-mail to:**

[rman@shomed.org](mailto:rman@shomed.org)

**C. Return to:**

Shoshone Medical Center Human Resources

25 Jacobs Gulch

Kellogg, ID 83837