

Are you or have you ever been debarred from working in a federally funded program, i.e., Medicaid, Medicare?

Yes No

Can you perform the functions of the job for which you are applying, either with or without a reasonable accommodation?

Yes No

Do you have any relatives employed by Bear Lake Memorial Hospital? Yes No If yes, what department and what is the person's relationship to you? _____

Have you ever been employed by Bear Lake Memorial Hospital? Yes No If yes, when? _____
 What was your position? _____ Why did you leave? _____

Are you eligible to work in the United States? Yes No

Are you under 16 years of age? Yes No If yes, please state the date of your birth: _____

SKILLS

Check each of the following with which you have experience, and indicate your skill level:

<u>Program</u>	<u>Skill Level</u> (circle one) (1=beginner 5=expert)
<input type="checkbox"/> PC	1 2 3 4 5
<input type="checkbox"/> Windows	1 2 3 4 5
<input type="checkbox"/> Internet	1 2 3 4 5
<input type="checkbox"/> Email	1 2 3 4 5
<input type="checkbox"/> Word	1 2 3 4 5
<input type="checkbox"/> Excel	1 2 3 4 5
<input type="checkbox"/> Access	1 2 3 4 5
<input type="checkbox"/> PowerPoint	1 2 3 4 5
<input type="checkbox"/> QuickBooks	1 2 3 4 5
<input type="checkbox"/> Other _____	

List other specific software programs you have used: _____

List relevant equipment / machinery you have operated: _____

Typing Speed (WPM) _____ 10 Key (SPM) _____

List any other skills you have that are associated with the job for which you are applying: _____

EDUCATION

Have you graduated from High School or completed the GED equivalent? Yes No

List your highest degree first:

Major	School/Location	Years Completed	Type of Degree/Diploma/Certificate

Are you currently enrolled? Yes No

PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION DATE

List all professional licenses, registrations, and certifications:

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 been refused professional licensure, or had a license / registration suspended or revoked? Yes No

If yes, please explain: _____

Please mark all current certifications: First Aid BLS/CPR ACLS TNCC PALS NRP STABLE

List any trade or professional organization of which you are a member. Include offices held: _____

List any additional special skills: _____

WORK HISTORY

Starting with your most recent employment, give a complete record of all employment, including any breaks in employment. Use additional sheets if necessary. A resume will not be accepted as a substitute for this section.

(1) Company Name	Address (Street, City, State, Zip)	Telephone Number
Titles and Job Duties		
Date Hired:	Date Left:	Supervisor Name, Title, Phone
Final Salary: Per Hour: \$_____ Per Year: \$_____		
Reason for (Considering) Leaving:		
(2) Company Name	Address (Street, City, State, Zip)	Telephone Number
Titles and Job Duties		
Date Hired:	Date Left:	Supervisor Name, Title, Phone
Final Salary: Per Hour: \$_____ Per Year: \$_____		
Reason for (Considering) Leaving:		

(3) Company Name	Address (Street, City, State, Zip)	Telephone Number
Titles and Job Duties		
Date Hired:	Date Left:	Supervisor Name, Title, Phone
Final Salary: Per Hour: \$_____ Per Year: \$_____		
Reason for (Considering) Leaving:		

If your employment records exist under another name, please specify: _____

May we contact your previous employers? Yes No If no, please explain: _____

Have you ever been discharged from a job or asked to resign? Yes No If yes, please explain: _____

Please describe any lapses in employment during the previous seven years, stating dates and reasons: _____

How many years of employment do you have directly related to the position for which you are applying? _____

PROFESSIONAL REFERENCES

Please list three professional references

Name	Occupation/Title	Business/Location	Telephone Number	Years Known

CERTIFICATION AND AGREEMENT (Please read the following before signing)

I certify that the information I provided in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts in this application disqualifies me from further consideration, or, if I am employed, is sufficient cause for dismissal regardless of when the misrepresentation or omission of fact is discovered.

I authorize investigation of all statements contained in this application and understand that I may be required to provide verification (diploma, license, transcripts, type tests, etc.) of information contained in this application. I authorize any and all persons, companies, or agencies to release to Bear Lake Memorial Hospital any and all information they may have, which is relevant to the application process. I also release all such parties from any liability that may result from furnishing information to Bear Lake Memorial Hospital. I understand that to be considered as a formal applicant, the position for which I am applying must be specifically identified as open, and recruitment for the position ongoing at the time this application is received by the Human Resources Department.

I understand that if I am employed with Bear Lake Memorial Hospital, my employment will be at-will. As such it can be terminated by me or by Bear Lake Memorial Hospital with or without advance notice, at any time, and for any reason not prohibited by law.

I agree that if I am employed by Bear Lake Memorial Hospital, I will review the information contained in the Employee Handbook and follow the policies described therein.

I understand that any employment offer is contingent upon the following: (1) producing documents establishing my eligibility to work in the United States; (2) satisfactorily passing the pre-employment drug screen, employee health evaluation (if required), establishing that I am able to perform the essential functions of the position; the completion of a criminal background and reference checks; and (3) complying with Bear Lake Memorial's pre-employment application procedures.

I have not been excluded, suspended or debarred from participating or providing services in any Medicare/Medicaid program or any other federally funded health care program, nor am I being investigated in any matter that could lead to my exclusion from a Medicare/Medicaid program or any other federally funded health care program.

I acknowledge that I have read the certification and agreement, and agree to abide by its terms.

Applicant Signature

Date