

www.BLMHospital.com • 208-847-1630 164 South 5th Street • Montpelier, Idaho 83254

Application for Employment

Bear Lake Memorial Hospital is committed to a policy of non-discrimination and equal employment opportunity. Please complete all sections of the application in full, rather than stating "see resume." Resumes will not be accepted as a substitute for a completed application. **Incomplete applications will not be considered**. A specific job title for a currently posted position must be identified. A new application must be submitted for any additional positions for which you would like to be considered. All applicants selected for employment with Bear Lake Memorial Hospital will be required to satisfactorily pass a pre-employment drug screen and criminal background check.

Please type or print clearly.

Date of application:	Position for which you are a	pplying:	
Last Name	First	Middle	
Street Address	City	State	Zip
E Mail Address	Home Phone	Work Phone	Other Phone
Classification: FT (40 hr/wk)	RPT (32 hr/wk) Occasional (<30	hr/wk) PRN (as need	ed) Temp (<6 months)
	ork schedule/shift are you willing to we ne Date available to start work:	vork? Days Evening	s Nights Are you willing
Please mark the days of the week Mon. Tues. Wed. Thurs.	you are available and willing to work Fri. Sat. Sun.	k:	
Current Salary: \$	Minimum Sa	lary Requirement: \$	
	sition? fair □ Newspaper □ Radio □ E fob Bulletin Board □ Employee Ret		
have you ever plead no contest to	a felony or a misdemeanor (including any criminal charges? Yes No	□ Not Sure If yes or r	ot sure, please provide

(Criminal conviction is not an absolute bar to employment, but will be considered in relation to specific job requirements.)

Are you currently enrolled? \Box Yes \Box No

Are you or have you ever be \square Yes \square No	en debarred from working in a fo	ederally funded program, i.e.,	Medicaid, Medicare?
Can you perform the functio \Box Yes \Box No	ns of the job for which you are a	applying, either with or without	ut a reasonable accommodation?
	mployed by Bear Lake Memoria o you?		
			when?
Are you eligible to work in t	he United States? ☐ Yes ☐ No	•	
Are you under 16 years of ag	ge? \Box Yes \Box No If yes, please	state the date of your birth: _	
SKILLS Check each of the following	with which you have experience	e, and indicate your skill level	l:
<u>Program</u>	Skill Level (circle one) (1=begi	nner 5=expert)	
\Box PC	1 2 3 4 5		
□ Windows	1 2 3 4 5		
□ Internet	1 2 3 4 5		
□ Email	1 2 3 4 5		
\square Word	1 2 3 4 5		
	1 2 3 4 5		
□ Access	1 2 3 4 5		
☐ PowerPoint	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5		
	1 2 3 4 3		
List other specific software p	orograms you have used:		
List relevant equipment / ma	chinery you have operated:		
Typing Speed (WPM)	10 Key (SP	M)	
List any other skills you have	e that are associated with the job	for which you are applying:	
EDUCATION			
Have you graduated from Hi	gh School or completed the GEI	D equivalent? ☐ Yes ☐ No	
List your highest degree fin			
Major	School/Location	Years Completed	Type of
			Degree/Diploma/Certificate
			

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 an	d/or suspensions on your c	urrent professional licens	e/registration? □ Yes □ No
Have you ever been refused professional	l licensure, or had a license	/ registration suspended	or revoked? □ Yes □ No
If yes, please explain:			
Please mark all current certifications:	First Aid		PALS NRP STABLE
List any trade or professional organization	on of which you are a mem	ber. Include offices held	:
List any additional special skills:			
WORK HISTORY Starting with your most recent employmemployment. Use additional sheets if ne			
(1) Company Name	Address (Street, City, Sta	te, Zip) Telephor	ne Number
Titles and Job Duties		I	
Date Hired: Date Le	eft: So	upervisor Name, Title, Ph	one
Final Salary: Per Hour: \$	Per Year: \$		
Reason for (Considering) Leaving:			
(2) Company Name	Address (Street, City, Sta	te, Zip) Telephor	ne Number
Titles and Job Duties			
Date Hired: Date Le	eft: So	upervisor Name, Title, Ph	one
Final Salary: Per Hour: \$ Reason for (Considering) Leaving:	Per Year: \$		

(3) Company Name	Address (Street, City, State, Zip)	Telephone Number		
Titles and Job Duties				
Date Hired: Date 1	ate Hired: Date Left: Supervisor Name, Title, Phone			
Final Salary: Per Hour: \$	Per Year: \$			
Reason for (Considering) Leaving:				
If your employment records exist under	r another name, please specify:			
May we contact your previous employers? ☐ Yes ☐ No If no, please explain:				
House was a search and discharged from a				
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 yo	ou have directly related to the position for	which you are applying?		
PROFESSIONAL REFERENCES				
		which you are applying?		

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 a	and agreement, and agree to abide by its terms.
	<u> </u>
Applicant Signature	Date