



APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

Position(s) Applied For _____ Date _____

How Did You Learn About Us?

- Advertisement Relative Inquiry
- Employment Agency Friend Other _____

PERSONAL INFORMATION

Name _____ Phone _____

Address _____

City _____ State/Zip _____

Message Phone _____ E-mail _____

GENERAL INFORMATION

Type of employment desired: Full-time Part-time Temporary Seasonal

Shift Preference: First Second Third

Available for: Weekends Holidays Rotating Shifts On-Call

On what date would you be available to work? _____

Do you need an accommodation to participate in the application or interview process? Yes No

Are you over 18 years of age? Yes No If **no**, please list your age. _____

Do you have any relatives employed by this facility? Yes No If yes, name of relative. _____

Are you legally eligible for employment in the United States? Yes No

During the last ten years, have you ever been convicted of a felony?

- Yes No

If yes, please explain: _____

A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

**MOUNTAIN HEALTH COOPERATIVE IS AN EQUAL OPPORTUNITY EMPLOYER.
WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN,
MARITAL STATUS, MILITARY STATUS, OR DISABILITY.**

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	CIRCLE LAST GRADE/YEAR COMPLETED	MAJOR & DEGREE
High School			10 11 12	
College			1 2 3 4	
College			1 2 3 4	
College			1 2 3 4	
Business or Trade School			1 2 3 4	
Business or Trade School			1 2 3 4	

ADDITIONAL INFORMATION

Skills and Qualifications. Summarize any training, skills, and areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying. Include any health care, business, or industrial equipment operated.

United States Military Training. Summarize any job-related training you received in the United States military.

Professional Licenses and/or Certifications.

If licensed, registered or certified, list:

Type: _____ State Issued: _____ Date Issued: _____ No.: _____

Type: _____ State Issued: _____ Date Issued: _____ No.: _____

EMPLOYMENT HISTORY

Please fill this section out completely and do not write, "see resume." Begin with your most recent employment.

COMPANY Name _____ **Address** _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Person to Contact _____ Phone Number _____

COMPANY Name _____ **Address** _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Person to Contact _____ Phone Number _____

COMPANY Name _____ **Address** _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Person to Contact _____ Phone Number _____

COMPANY Name _____ **Address** _____

Job Description (duties, skills, equipment used) _____

Dates of employment: Start ____/____/____ End ____/____/____ Starting Salary _____ Ending Salary _____

Reason for leaving _____

Person to Contact _____ Phone Number _____

If you need additional space, please continue on a separate sheet of paper.

If you do not want us to contact any of the above listed current or former employers, please list below and state the reason you do not want each contacted.

REFERENCES

Professional References: Give three references who are not relatives or former employers.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with **the CO-OP** is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from **the CO-OP** service, whenever it is discovered.

I expressly authorize **the CO-OP** and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **the CO-OP** or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that **the CO-OP** does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that completion of this Application For Employment does not guarantee that COMPANY has employed me. In the event that I shall become an employee of the CO-OP, I understand that I must abide by all rules and regulations of the CO-OP including the code of conduct.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date: ____/____/____

Signature _____

MOUNTAIN HEALTH COOPERATIVE is an Equal Opportunity Employer.