



EMPLOYMENT APPLICATION

Powell Valley Healthcare
777 Avenue H, Powell, WY 82435 (307) 754-2267

DATE OF APPLICATION		POSITION APPLYING FOR			PLEASE PRINT CLEARLY IN INK	
PERSONAL						
LAST NAME			FIRST NAME		MID. INIT.	
HOME ADDRESS			APT. #	CITY	STATE	ZIP CODE
TELEPHONE # (AREA CODE)	DO YOU HAVE LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES () YES () NO			SOCIAL SECURITY #		IS YOUR AGE UNDER 18 () YES () NO
DATE AVAILABLE	STARTING SALARY NEEDED	WILL YOU ACCEPT ANOTHER POSITION? () YES () NO IF YES, PLEASE SPECIFY				
WILL YOU ACCEPT SHIFT WORK? () YES () NO IF YES, CHECK ALL THAT APPLY () DAYS () EVENINGS () NIGHTS			WILL YOU ACCEPT WEEKEND WORK? () YES () NO		WILL YOU WORK? () FULL-TIME () PART-TIME () PRN-AS NEEDED	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? () YES () NO IF YES, GIVE DATE(S), OFFENSE(S) AND DISPOSITION: _____ <small>A CRIMINAL CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT.</small>			DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE? () YES () NO NAME DEPARTMENT RELATIONSHIP			
HAVE YOU WORKED HERE BEFORE OR APPLIED HERE BEFORE? () YES () NO AND UNDER WHAT NAME?			WOULD A PAST EMPLOYER KNOW YOU UNDER A DIFFERENT NAME?			

EMPLOYMENT HISTORY						
LIST MOST RECENT POSITION FIRST			LIST OTHER NAMES USED WHILE EMPLOYED WITH THESE EMPLOYERS			
FROM MO YR	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE #	
TO MO YR	ADDRESS	CITY	STATE	ZIP CODE	POSITION HELD	ENDING SALARY _____ PER _____
BRIEFLY DESCRIBE THE WORK YOU PERFORMED						
REASON FOR LEAVING						MAY WE CONTACT THIS EMPLOYER? () YES () NO
FROM MO YR	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE #	
TO MO YR	ADDRESS	CITY	STATE	ZIP CODE	POSITION HELD	ENDING SALARY _____ PER _____
BRIEFLY DESCRIBE THE WORK YOU PERFORMED						
REASON FOR LEAVING						MAY WE CONTACT THIS EMPLOYER? () YES () NO
FROM MO YR	NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR		TELEPHONE #	
TO MO YR	ADDRESS	CITY	STATE	ZIP CODE	POSITION HELD	ENDING SALARY _____ PER _____
BRIEFLY DESCRIBE THE WORK YOU PERFORMED						
REASON FOR LEAVING						MAY WE CONTACT THIS EMPLOYER? () YES () NO

PERSONAL/PROFESSIONAL REFERENCE

NAME		POSITION or HOW THEY KNOW YOU		TELEPHONE #
ADDRESS	CITY	STATE ZIP CODE	POSITION HELD	YEARS KNOWN
NAME		POSITION or HOW THEY KNOW YOU		TELEPHONE #
ADDRESS	CITY	STATE ZIP CODE	POSITION HELD	YEARS KNOWN
NAME		POSITION or HOW THEY KNOW YOU		TELEPHONE #
ADDRESS	CITY	STATE ZIP CODE	POSITION HELD	YEARS KNOWN

EDUCATION

SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	COURSE OF STUDY	DID YOU GRADUATE	DEGREE/ DIPLOMA
HIGH SCHOOL					() YES () NO	
TRADE					() YES () NO	
COLLEGE					() YES () NO	
GRADUATE					() YES () NO	
OTHER					() YES () NO	

LIST HEALTHCARE, BUSINESS, OR INDUSTRIAL EQUIPMENT THAT YOU OPERATE PROFICIENTLY:

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LANGUAGE SKILLS	LANGUAGE	DO YOU:	() FAIR	() FAIR	() FAIR
		() SPEAK	() GOOD	() READ	() GOOD
		() FLUENT	() FLUENT	() WRITE	() GOOD
			() FLUENT	() FLUENT	() FLUENT

PROFESSIONAL LICENSES OR CERTIFICATIONS – DO NOT INCLUDE DRIVER'S LICENSE

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER
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How did you learn about this position?

Please read and answer the following questions to the best of your knowledge:

1. Why are you interested in this position?

2. What was your favorite job thus far? Why?

3. What is your proudest career/life accomplishment to date?

4. Who was your favorite boss thus far? Why?

5. What kind of customer do you find most difficult to work with? How do you handle them?

6. What are the top three things you are looking for in your next job?

7. How would you handle multiple priorities with the same deadline?

8. Describe your three most important work-related values, and provide an example of how you operate from those values (example: integrity or customer-focus).

9. Describe a time when you had a conflict with a co-worker and tell how you were able to resolve that.

10. How would your next boss best motivate and manage you?

I certify that the answers given on this application and during potential interviews are true and complete. I also certify that I have not been convicted of an offense that would preclude my employment in a healthcare facility and that would not exclude me from participating in federal healthcare programs. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Powell Valley Healthcare is of an "at will" nature, which means that the employee may resign at any time and Powell Valley Healthcare may terminate the employee at any time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all policies and procedures of Powell Valley Healthcare.

This application shall be considered active for a period of time not to exceed 60 days. Powell Valley Healthcare is an equal opportunity employer and will not discriminate in any phase of employment.

SIGNATURE

DATE

IMPORTANT NOTICE TO ALL APPLICANTS

If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act. This requirement applies to all new employees, including US Citizens, permanent residents and non-immigrants. You will have to provide documents verifying your identity and eligibility to work.

Applicant Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires federal government contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race and sex of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

This company is also subject to the Rehabilitation Act of 1973 Section 503 and Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires federal government contractors to take affirmative action to employ and advance in employment covered veterans. If you are a covered veteran (see definitions below) and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time or at any time in the future.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information provided will only be used in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, and Executive Order 11246, as amended. ***This information will be maintained separately from your application for employment.***

Date: _____ Position Applied for: _____

I do not wish to self-identify or disclose the information on this form.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<input type="checkbox"/> White	<input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)	<input type="checkbox"/> Native Hawaiian /Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.)	<input type="checkbox"/> American Indian/Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.)	<input type="checkbox"/> Two or more races (not Hispanic or Latino)
<input type="checkbox"/> Hispanic or Latino		

Disability Self-Identification

The information will be treated as confidential. It will be used for affirmative action reporting only.

- I am not a person with a disability.
- I am a person with a disability.
- I am a person with a severe disability. The Americans with Disabilities Act of 1990 (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. Examples of major life activities are: hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working. [29 C.F.R.S1630.2(i)]
- I am a person with a severe disability. Severely disabled person means a person with a chronic disability if the chronic disability meets all of the following conditions:
 - It is attributable to a mental or physical impairment or combination of mental and physical impairments.
 - It is likely to continue indefinitely.
 - It results in substantial functional limitations in one or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, capacity for independent living, and economic self sufficiency. (s.230.04 (9r)(a) 2., Stats.)

Veteran Self-Identification

- I am not a Veteran
- I am a Disabled Veteran
- Other Protected Veteran. A Veteran who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.
- Recently separated veteran. "Recently separated" is defined as the one-year period beginning on the date of such veteran's discharge or release from active duty.