



St. Vincent Health

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Application for Employment Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **Please print**, except for signature at the end of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job applied for _____ Today's date _____

Are you seeking: **Full-time** **Part-time** **Temporary** **PRN** employment?

Last Name First Name Middle Name Telephone Number

Social Security # (optional) Email Address

Present Street Address City State Zip Code

Are you 18 years of age or older? **Yes** **No**
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? **Yes** **No**

Were you ever employed here? **Yes** **No** If yes, when? _____

Have you ever served in the U.S. Armed Forces? **Yes** **No**

Have you even been convicted of any law violations? **Yes** **No**

For Driving Jobs only requires applicant to be 21 years of age or older. Do you have a valid driver's license? **Yes** **No**

Driver's License Number _____ Class of License _____ State Licensed In _____

	<i>List Name and Address of School</i>	<i>Number of Years Completed</i>	<i>Diploma Degree Certificates</i>
High School or GED			
College or University			

Vocational or Technical			
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What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

What computer skills and/or software are you proficient at?

List names of employees in consecutive order starting with the most current. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Job Title and Duties
Address	Date of Employment (Month/Year): From To
City, State, Zip Code	Reason for Leaving
Supervisor(s)	Telephone Number

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Have you worked or attended school under any other names? **Yes** **No**
 If yes, give names: _____

Give three references, not related or former employers.

<i>Name</i>	<i>Telephone Number</i>	<i>Address</i>	<i>Relationship</i>

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and options that may be useful in making a hiring decision. I released such persons and organizations from any legal liability in making such statements. I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment health screening. I consent to the release of any and/or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CEO OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIC PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CEO AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE

I have read, understand, and by my signature consent to these statements.

Signature

Date

This application for employment will remain active for 60 days.