

901 Adams Blvd.
Boulder City, NV 89005

EMPLOYMENT APPLICATION

POSITION APPLIED FOR:

Boulder City Hospital does not discriminate against any person on the basis of race, color, religion, sex, gender, marital status, disability, national origin, age, veteran or any other status or category protected by law in admission, treatment, or participation in its programs, services & activities. Equal access to programs, services & employment, is available to all persons. Those applicants requiring assistance with the application and/or interview process should contact the Human Resources Department.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
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STREET ADDRESS	CITY	STATE	ZIP
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#1 TELEPHONE (Check one) Home Cell Business ()	#2 TELEPHONE (Check one) Home Cell Business ()	BEST TIME TO REACH YOU
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EMAIL ADDRESS:	DATE OF APPLICATION:
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If hired, can you provide proof of your identity and employment eligibility in the United States prior to beginning work? YES NO	Have you ever been convicted of or plead guilty to a crime other than minor traffic violations? YES* NO * If YES, please explain:
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How were you referred to the facility?
Walk-in Advertisement (please specify) _____ School (please specify) _____
Government Agency Facility/Company Website Internet Other (please specify) _____

Current or Former Employee (please list name)

Please list any friends or family members who are current employees:
Name: _____ Family Friend
Name: _____ Family Friend
Name: _____ Family Friend

AVAILABILITY

What type of employment will you accept? Full-time Part-time Per diem Temporary	Which shift will you accept? DAYS EVENINGS NIGHTS WEEKENDS ONLY	If hired, when could you start?
		Minimum Salary :

Will you work overtime? YES NO If no, please explain:	Have you entered into an agreement with any other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our facility? YES NO If yes, explain:
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EDUCATION

Starting with your most recent school attended, provide the following information:

Name of School	Address and City	Completed	Major
		Diploma GED Degree Certification Other	
		Diploma GED Degree Certification Other	
		Diploma GED Degree Certification Other	

EXPERIENCE

Have you ever worked for this facility as
An Employee? YES NO From _____ to _____
A Contractor? YES NO From _____ to _____
Name of Contractor/Agency:

**List 7 years employment experience, beginning with the most recent.
Do NOT use references such as "See Resume" in place of completing this section.**

Employer	List all Job Duties
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Supervisor/Title		Telephone #	
Address			
Position When Hired	Current or Last Position		
Date of Employment from _____ to _____		Ending Hourly Pay \$ _____	
Did you leave voluntarily? Yes No If no, explain:		Full-time Part-time Per Diem Temporary	

Employer		List all Job Duties	
Supervisor /Title		Telephone #	
Address			
Position When Hired	Last Position		
Date of Employment from _____ to _____		Ending Hourly Pay \$ _____	
Did you leave voluntarily? Yes No If no, explain:		Full-time Part-time Per Diem Temporary	

Employer		List all Job Duties	
Supervisor /Title		Telephone #	
Address			
Position When Hired	Last Position		
Date of Employment from _____ to _____		Ending Hourly Pay \$ _____	
Did you leave voluntarily? Yes No If no, explain:		Full-time Part-time Per Diem Temporary	

Position When Hired			
Employer			
Supervisor/Title		Telephone #	
Address			
Position When Hired		Current or Last Position	
Date of Employment from _____ to _____		Ending Hourly Pay \$ _____	
Did you leave voluntarily? Yes No If no, explain:		Full-time Part-time Per Diem Temporary	
Employer			
Supervisor /Title		Telephone #	
Address			
Position When Hired		Last Position	
Date of Employment from _____ to _____		Ending Hourly Pay \$ _____	
Did you leave voluntarily? Yes No If no, explain:		Full-time Part-time Per Diem Temporary	
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Position When Hired		Last Position	
Date of Employment from _____ to _____		Ending Hourly Pay \$ _____	
Did you leave voluntarily? Yes No If no, explain:		Full-time Part-time Per Diem Temporary	
Employer			
Supervisor/Title		Telephone #	
Address			
Position When Hired		Current or Last Position	
Date of Employment from _____ to _____		Ending Hourly Pay \$ _____	
Did you leave voluntarily? Yes No If no, explain:		Full-time Part-time Per Diem Temporary	
Employer			
Supervisor /Title		Telephone #	
Address			

ADDITIONAL SKILLS & EXPERIENCE

*Summarize any additional skills & experience not already listed, which may assist you in performing the position for which you are applying.
Include all knowledge of computers and technology, as well as medical equipment proficiencies.*

Is there anything that would keep you from performing the job duties as outlined? YES NO

If yes, please explain:

I have read the job description and understand the duties required: YES NO

APPLICANT'S STATEMENT

By signing this application, and as an applicant for employment, I understand and certify the following:

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| <ul style="list-style-type: none"> I certify that the answers given herein are true and complete to the best of my knowledge. If I am hired by Boulder City Hospital and if the facility discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job. Nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Boulder City Hospital and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon Boulder City Hospital unless made in writing. If I am offered employment by Boulder City Hospital, my employment will be for no definite term and that either I or Boulder City Hospital will have the right to terminate the employment relationship at any time, without cause and with or without notice. I also understand that this status can only be altered by a written contract that is specific as to all material terms and is signed by me and the CEO of Boulder City Hospital. | <ul style="list-style-type: none"> Boulder City Hospital will make all necessary and appropriate investigations to verify the information contained within. I authorize and consent to my current and former employers, education institutions and/or persons or organizations named in this application to release information to Boulder City Hospital that may be required to make an employment decision. If I am offered employment, an investigative consumer report will be completed for employment purposes as appropriate to the position and upon my written authorization. I will have the right to make a written request for a complete and accurate disclosure. If I am offered employment, my employment is conditional on the provision of satisfactory proof of my identity and legal authority to work in the United States and the satisfactory completion of a pre-employment drug screening for substance abuse. Any employee handbook or other personnel policies maintained by Boulder City Hospital do not constitute an employment contract, but are merely gratuitous statements of Boulder City Hospital's current policies. |
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I understand and agree that the "APPLICANT'S STATEMENT" shall remain in effect indefinitely.6

SIGNATURE OF APPLICANT

Date