



Applicant's Name: \_\_\_\_\_

**LICENSES (Optional, unless required for the position for which are now applying)**

List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers and expiration dates.

Type of License/Certification	Number	Expiration Date

List any special skills you possess and/or equipment you have expertise in using:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION**

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor, (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction:

Yes       No

If yes, list all such offenses and provide date, name of court, and disposition. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been disciplined in employment related to workplace violence?

Yes       No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been employed by Boulder City Hospital?**

Yes       No

If yes, please provide the following information:

Department: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

**Are you related to anyone who is currently employed by Boulder City Hospital?**

Yes       No

If yes, please provide the following information:

Related person's name: \_\_\_\_\_ Department: \_\_\_\_\_

Relationship: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please provide information regarding all paid, military and volunteer work, which may be related to the position for which you are applying. Describe your most recent position first; then list other positions in order held, beginning with the most recent. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do **NOT** use references such as **“See Resume”** in place of completing this section.

***NOTE: A minimum of 5 years previous experience must be completed to be eligible. Personal references can be included if you have less than 5 years experience to provide.***

Full Company Name: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_ May we contact?  Yes  No

Full Company Name: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_ May we contact?  Yes  No

Full Company Name: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_ May we contact?  Yes  No

Full Company Name: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_ May we contact?  Yes  No

Full Company Name: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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Company Phone #: \_\_\_\_\_ May we contact?  Yes  No

Full Company Name: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_ May we contact?  Yes  No

**Applicant's Name:** \_\_\_\_\_

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application.

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**ACKNOWLEDGMENTS**

Please READ ALL of the following statements and INITIAL EACH of the lines to indicate you have read and understand each of the statements. If you have any questions, contact the Human Resources Department.

**Initial**

\_\_\_\_\_ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

\_\_\_\_\_ This application is the property of Boulder City Hospital and will become part of my personnel file if I am hired.

\_\_\_\_\_ I authorize Boulder City Hospital to contact any employer or individual that I have listed on my employment application and/or resume' or mentioned during job interviews to obtain from them any relevant information regarding my previous employment. I further authorize Boulder City Hospital to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates, which may qualify me for employment.

\_\_\_\_\_ In exchange for Boulder City Hospital's consideration of my employment application, and/or any continued employment with Boulder City Hospital, I authorize anyone possessing information to furnish it to Boulder City Hospital upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Boulder City Hospital, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

\_\_\_\_\_ I further understand this consent will apply during the entire course of my employment with Boulder City Hospital should I obtain such employment. I understand and agree this consent shall remain in effect indefinitely.

\_\_\_\_\_ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with Boulder City Hospital. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from Boulder City Hospital constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related physical examination and drug screening upon conditional offer of employment. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_