



# Elmore Medical Center

P.O. Box 1270 - 895 North 6th East - Mountain Home, Idaho 83647  
(208) 587-8401 - FAX (208) 587-8406

Dear Prospective Employee:

## **Mission Statement**

The mission of Elmore Medical Center is to provide quality healthcare services that enhance the quality of life for communities we serve.

## **Vision Statement**

Through excellence in care and service, Elmore Medical Center, in partnership with local and affiliated physicians and other healthcare providers, is the healthcare resource of choice for the communities we serve.

## **Values**

The values of Elmore Medical Center are: Respect, Communication, Teamwork, Quality, Trust, and Customer Service.

The above are the Mission, Vision and Values of Elmore Medical Center. They set the direction for all of us and are the heart of our work environment. We ask you to review these statements. It is extremely important to us – and you – that your values are compatible with those of Elmore Medical Center.

Elmore Medical Center does not discriminate on the basis of race, color, gender, religion, age, national origin, military status or disability. We are an equal opportunity employer and the medical center will make reasonable accommodation in the application process if needed.

Applications are accepted for open positions only, and your application must indicate a specific current opening. If you wish to apply for more than one opening, a separate application is needed for each.

If you are selected for consideration as a candidate for the position, you will be notified of a time and place for an interview.

All job offers are contingent upon successful completion of drug screening, criminal background check, and a pre-employment physical.

Thank you for your interest in Elmore Medical Center.

Respectfully,



Greg L. Maurer  
Administrator



# Elmore Medical Center

P.O. Box 1270 - 895 North 6th East - Mountain Home, Idaho 83647  
(208) 587-8401 - FAX (208) 580-2683

## Employment Application

This application is accepted and will remain current only until the open position applied for is filled or removed. If you wish to be considered for employment for any other open position, it is necessary for you to complete a new application. Please print.

An AA/EEO/ADA Employer

Name (Last, First, Middle)		Email Address		Date of Application	
Address (Number, Street)			City	State	Zip
Area code/Telephone Number		Alternate Phone Number		Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Applied For:		Department:		Days that you are available and willing to work: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
Date Available for work _____		Salary Expected \$ _____ per <input type="checkbox"/> Hour or <input type="checkbox"/> Year		Are you 16 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Casual (PRN) <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			What shift(s) are you able to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		

**Please check  the appropriate box(es) regarding your Computer/Clerical Skills.**

- Medical Terminology     Typing \_\_\_\_\_ WPM     Please list specific Software Programs: \_\_\_\_\_
- Computer Skills     Medical Transcription \_\_\_\_\_

**Please answer the questions below and check  the appropriate box.**

<ul style="list-style-type: none"> <li>• Have you ever been previously employed by Elmore Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When: _____ Under what name: _____ Position: _____</li> <li>• I have received the full job description and can perform the essential functions of the position with or without reasonable accommodations and without posing a threat to the safety of myself and others. <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Have you ever been discharged or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</li> <li>• May we contact your present or previous employers for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which one and why? _____</li> <li>• Please list other names under which you've been employed: _____</li> <li>• Do you have relatives working at Elmore Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their name(s), relationship and where they work: _____</li> </ul> <ol style="list-style-type: none"> <li>1. Have you at any age, ever been convicted, or pled guilty or nolo contendere or had a withheld judgment or other plea arrangements for any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</li> <li>2. Do you have any pending charges? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</li> <li>3. Have you, at any age, been convicted of any traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> <p>If Yes to number 1, 2, or 3, please explain. Please note answering Yes does not automatically disqualify you.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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(All job offers are contingent on successful completion of drug screening, criminal background check and pre-employment physical.)

**Professional and Technical information (to be completed by all licensed/registered professionals)**

Idaho State Registration No	Expiration Date	Certificate No.	Expiration Date
If not licensed in Idaho, have you applied for reciprocity? From what state? National registration/certificate No.			

Complete application information on next page.

## Education

School	School Name and City, State	# of Years Attended	Graduate? Yes / No	Diploma/ Degree	Subject of specialization
High School			Yes / No		
College / University			Yes / No		
Vocational School			Yes / No		
Special Job Related Courses / Training (Please specify)			Yes / No		

## Work Experience

Please list 10 years of employment history (If more space is needed, attach an additional document). Please explain any gaps in employment over 30 days. Please start with present position first – include military service.

Present or Previous Employer's Name: _____			
Employment Dates	From: Mon/ Yr. _____ / _____	To: Mon/ Yr. _____ / _____	Job Title: _____ Duties: _____
Last Salary: _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year			_____
Address: City, State, Zip: Phone Number: (       )			_____
Supervisor's Name: _____			Reason for leaving: _____

Past Employer's Name: _____			
Employment Dates	From: Mon/ Yr. _____ / _____	To: Mon/ Yr. _____ / _____	Job Title: _____ Duties: _____
Last Salary: _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year			_____
Address: City, State, Zip: Phone Number: (       )			_____
Supervisor's Name: _____			Reason for leaving: _____

Past Employer's Name: _____			
Employment Dates	From: Mon/ Yr. _____ / _____	To: Mon/ Yr. _____ / _____	Job Title: _____ Duties: _____
Last Salary: _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year			_____
Address: City, State, Zip: Phone Number: (       )			_____
Supervisor's Name: _____			Reason for leaving: _____

### Employment Agreement

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records. I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records. I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug test, criminal background check and pre-employment physical.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without material omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either EMC or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

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

