



Elmore Medical Center

Dear Prospective Employee:

Mission Statement

The mission of Elmore Medical Center is to provide quality healthcare services that enhance the quality of life for the 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 accommodations 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

Employment Application General

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 will be necessary for you to fill out a new application.

Please Print

An Equal Opportunity 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: _____

Date Available for work _____ Salary Expected \$_____ Hr Wk Mo Yr

Are you 16 or older: Yes No

Are you applying for Full Time Casual (PRN) Part Time Temporary

What shift(s) will you work? Days Evenings Nights

Days of the week that you **CANNOT** work

Sun Mon Tues Wed Thurs Fri Sat

Are you willing to work weekends and/or Holidays as scheduled? Yes No

Clerical Skills:

Medical Terminology Typing WPM_____ Software Program Skills _____

Computer Skills Medical Transcription _____

ADDITIONAL INFORMATION

Were you ever in our employ? Yes No When? _____ Under what name? _____

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. Yes No

Have you ever been discharged or asked to resign? Yes No If yes, please explain. _____

Are there any present or previous employers that we may **not** contact as a reference? Yes No

If yes, which one and why? _____

Do you have relatives working here? Yes No

If yes, give name(s) _____ Relationship _____ Dept(s) _____

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? Yes No Not sure

Do you have any pending charges? Yes No Not sure

Have you, at any age, been convicted of any traffic violations? Yes No

If yes to any of the above three questions please explain: (Answering yes does not automatically disqualify you):

(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 back.

| Record of education (last school attended) | | | | | |
|---|----------------------------|------------------|-------------------|-----------------|---------------------------|
| School | Name and address of school | # Years attended | Did you Graduate? | Diploma/ Degree | Subject of specialization |
| High School | | | | | |
| College /University | | | | | |
| Vocational School | | | | | |
| Special Job Related Courses /Training (specify) | | | | | |

List 10 years of employment history (If more space is needed, attach an additional document). Please explain any gaps in employment over 30 days.

Employment History – present position first and your name during that employment – include military service.

| | | | |
|----------------------------------|---------------|-------------|--|
| Employment Dates | From: Mo. Yr. | To: Mo. Yr. | Titles and duties: Last Salary: _____ Reason for leaving: |
| Company name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: Include area code: | | | Supervisor's name: Your name at that time: |
| Employment Dates | From: Mo. Yr. | To: Mo. Yr. | Titles and duties: Last Salary: _____ Reason for leaving: |
| Company name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: Include area code: | | | Supervisor's name: Your name at that time: |
| Employment Dates | From: Mo. Yr. | To: Mo. Yr. | Titles and duties: Last Salary: _____ Reason for leaving: |
| Company name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: Include area code: | | | Supervisor's name: Your name at that time: |

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. As of September 9, 2009 Elmore Medical Center is a tobacco free facility and I agree to abide by the tobacco free policies.

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 the Employer 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: _____ Written Signature of Applicant: _____

