



Haxtun Hospital District

Application for Employment

Please complete and return to:

Human Resource Director
Haxtun Hospital District
235 W. Fletcher
Haxtun , CO 80731

Please Print

Equal Access to programs and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resource Department.

This application will be kept on file for six months from the date of application.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Mobile/Other # () _____ E-Mail _____

Position(s) applied for _____ Date of Application ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- Walk-in _____
- School _____
- Employee _____
- Website _____
- Advertisement _____
- Other _____

If necessary, best time to call you at home is: ____:____
May we contact you at work? __Yes __No
If Yes, Work number and best time to call:
() _____:____

Have you submitted an application here before? __Yes __No
If Yes, give date(s) and position(s): _____

Have you been employed here before? __Yes __No
If yes, give dates: From: ____/____/____ To: ____/____/____

Are you legally eligible for employment in this country? __Yes __No

Date available for work? ____/____/____

What is your desired salary range or hourly rate of pay?
\$ _____ Per _____

Type of employment desired: __ Full-Time __ Part-Time

Type of work schedule desired? (Nursing applicants only)
__ 6A-2P __ 2P-10P __ 10P-6A __ Rotating
__ Weekends __ 6A-6P __ 6P-6A __ Fill-in

If they have been explained to you, are you able to meet the attendance requirements of the position? __Yes __No

Will you work overtime if required? __Yes __No
If no, please explain: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodations)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues will be addressed at a later stage to the extent permitted by law.

__Yes __No __Need more information on the job's essential functions to respond.

Have you ever plead "guilty" or "no contest" to, or ever been convicted of a crime? __Yes __No
If yes, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for Haxtun Hospital District?

If Yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates Employed	Month /	Year	to	Month /	Year
Street Address	City	State	Compensation (Starting)				
			___ Hourly	___ Salary	\$ _____	Per _____	
Starting job title/final job title			Commission/Bonus/Other \$ _____				
			Compensation (Final)				
Immediate supervisor and title			___ Hourly	___ Salary	\$ _____	Per _____	
May we contact for reference? ___ Yes ___ No ___ Later			Commission/Bonus/Other \$ _____				

Why did you leave?

Summarize the type of work performed and job responsibilities.

What did you like most about the position?

What were the things you liked least about the position?

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Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed on previous pages, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Please use the space below for any additional information necessary to describe your full qualification (i.e., specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer skills/software programs).

Do you speak, read, or write in: English Spanish Other

Please describe: _____

Education and Training

Name of School and Address	No. of Years	Course/Major	Diploma/Degree

Professional and Technical Applicants Only

Professional License No.	Type of License	Place of Issue	Expiration Date

If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?..... Yes No

If yes, please give date, location, and disposition of your case: _____

References

List the name and telephone number of three coworkers who are not related to you and are not previous supervisors.

If not applicable, please list three school references who are not related to you.

Name	Title of coworker or school reference	Telephone	Number of Years known

Related Information

List any job related memberships (professional, trade, etc.) that you may belong.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Office Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not applicable

If yes, please explain: _____

Is there any other job-related information that you want us to know about you? _____

Applicant Statement

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, Haxtun Hospital District, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all the information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Haxtun Hospital District, it's agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Haxtun Hospital District does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for 6 months from the date of the application. At the conclusion of that time, if I have not heard from the Haxtun Hospital District and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Haxtun Hospital District reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified or definite duration. I understand that no supervisor or representative of Haxtun Hospital District is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the CEO of Haxtun Hospital District.

I also understands that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

Haxtun Hospital District does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment can be found in the Haxtun Hospital District Harassment Policy. Harassment of Haxtun Hospital District employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee. Haxtun Hospital District takes all complaints seriously and all complaints will be investigated promptly and thoroughly.

I understand that the information provided by me that is found to be false, incomplete or misrepresented will be sufficient cause to (I) eliminate me from further consideration for employment, or (II) may result from my immediate discharge from Haxtun Hospital District's service, whenever it is discovered.

DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of applicant _____

Date _____ / _____ / _____