



Pershing General Hospital
 PO Box 661 Lovelock, Nevada 89419 775-273-2621

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

Name: _____ Date: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: (____) _____

Are you a current **Pershing General Hospital** employee? Yes No If Yes, what department? _____

Position Applied For: _____ Department: _____

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? Yes No

School Name	Location	Hours Earned	Diploma, Degree or Certificate	Major Field of Study
Business/Technical/Vocational				
1.				
2.				
College/University (Undergraduate)				
1.				
2.				
Graduate School				

For positions which require a high school graduation or GED or a college degree, a copy of the high school diploma/GED certificate or college diploma may be required.

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

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

List any special skills you possess and/or equipment or office machines you can operate.

REFERENCE 1:

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____



REFERENCE 2:

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

OTHER INFORMATION

If you are not a current Pershing General Hospital employee, have you previously worked for the Pershing General Hospital? Yes No When? _____

Is a relative of yours currently employed by the Pershing General Hospital? Yes No Name: _____

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction? Yes No A conviction or guilty plea will not necessarily disqualify you for this job. If yes, list all such offenses and provide date, name of court, and disposition. You may omit minor violations for which you paid a fine of \$50 or less.

Have you ever been disciplined in your employment related to workplace violence? Yes No If yes, please explain: _____

Do you presently use illegal drugs? Yes No

Have you, or have you ever been, on the Medicare Excluded Provider List? Yes No

EMPLOYMENT HISTORY

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 relevant positions in order, working down from the most recent. Use a separate block for each position -- even though with the same employer. List only employment, military service, volunteer work, or training which meets the requirements for this position. Use additional sheets if necessary. Do NOT use references such as "See Resume" in place of completing this section.

May we contact all employers and/or references listed? Yes No (Attach a list of any exceptions with an explanation.)

Present Employer: _____ Present Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____



EMPLOYMENT HISTORY (continued)

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties: _____

Reason for Leaving: _____



EMPLOYMENT HISTORY (continued)

Employer: _____ Position: _____

Address: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

City, State, Zip: _____ Full-Time (30 + hrs./wk.) _____ Part-Time (< 30 hrs./wk.) _____

Supervisor's Name/Title: _____ Telephone: _____ Salary: _____

Related Duties:

Reason for Leaving: _____

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 information that is not included in this employment application.

ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements. If you have questions, contact Human Resources 775-273-2621 x202.

- Following an offer of employment, you will be required to submit verification of your legal right to work in the United States.
 - 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.
 - Employment will be *at-will* unless specifically stated to be otherwise. "*At-will*" means the **Pershing General Hospital** may terminate my employment at any time with no advance notice and for any reason or no reason.
 - This application is the property of the **Pershing General Hospital** and will become part of my personnel file if I am hired.
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I authorize **Pershing General Hospital** to contact any employer or individual that I have listed on my employment application and/or resume or mentioned in job interviews, to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits, or other qualifications for employment and/or continued employment with **Pershing General Hospital**. I further authorize **Pershing General Hospital** to contact any institution and/or licensing authority for job-related information regarding education, licenses, and/or certificates which I may currently hold or may have held in the past.

In exchange for **Pershing General Hospital's** consideration of my employment application, and/or my continued employment with **Pershing General Hospital**, if any, I authorize anyone possessing this information to furnish it to **Pershing General Hospital** upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including **Pershing General Hospital**, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but 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 course of my employment with **Pershing General Hospital**, should I obtain such employment. I understand and agree this consent shall remain in effect indefinitely.

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

Signature of Applicant: _____

Date: _____

