



Type or Print All Information

**APPLICATION FOR EMPLOYMENT**

Walter Knox Memorial Hospital  
 Emmett, ID 83617  
 (208)365-3561

An Equal Opportunity Employer

Today's Date \_\_\_\_\_

Personnel Use \_\_\_\_\_

**PERSONAL DATA**

<b>NAME</b>	Last	First	Middle	Social Security number	Other names under which employed
<b>Address</b>				Telephone number	Message number

**GENERAL INFORMATION**

1. SPECIFIC POSITION DESIRED	7. Have you been convicted of a crime or had a withheld judgment in the past seven (7) years? If yes, please explain below.
2. What status of employment are you seeking? Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mark the days of the week you are willing and available for work Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/>	8. Have you ever been discharged from a position? If yes, please explain below.
4. What shifts are you willing and available to work Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you under 16 years of age? If yes, indicate your age at last birthday <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever been employed by WKMH? If yes, please explain below.
6. Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10. May we call your current employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No
	11. PROFESSIONAL LICENSE, REGISTRATION, OR CERTIFICATION DATA
	License Number _____ Type _____ State _____
	Expiration Date _____ Certified/Registered _____ Personnel Verification _____

**JOB RELATED EDUCATION**

	School Name	Address	Major	Degree/ Diploma
High School/ GED				
College/University				
Post Graduate				
Technical or Vocational				
<b>PLEASE ANSWER ALL QUESTIONS COMPLETELY</b>				

## WORK EXPERIENCE- Begin with your most recent employment

(resumes will not be accepted as substitutes for a completed application)

Employer	Position Held and Specific Duties	From	To	Reason for leaving	Salary
Name					/month
Address					/hour
City, State, Phone					/year
Supervisor's Name					
Employer	Position Held and Specific Duties	From	To	Reason for leaving	Salary
Name					/month
Address					/hour
City, State, Phone					/year
Supervisor's Name					
Employer	Position Held and Specific Duties	From	To	Reason for leaving	Salary
Name					/month
Address					/hour
City, State, Phone					/year
Supervisor's Name					
Employer	Position Held and Specific Duties	From	To	Reason for leaving	Salary
Name					/month
Address					/hour
City, State, Phone					/year
Supervisor's Name					

### Please complete specific skills

Clerical	Professional/Technical (number of years of experience)	
<input type="checkbox"/> Short hand wpm	Ortho	PP
<input type="checkbox"/> Typing wpm	Med/Surg	NBN
<input type="checkbox"/> Medical Terminology	ICU	Tele
<input type="checkbox"/> Computer experience	CCU	L&D
Programs used	NICU	Urology
	OR/RR	Other
Bilingual	Peds/Picu	Certifications
Languages spoken	Oncology	

### Clarification Statement - Read Before Signing

#### I Have Read and Fully Understand the Contents of the Following:

1. I authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release them from all liability for any damage for issuing this information.
2. That all my statements and information related to the employment process are true and complete, and the failure to answer any questions or failure to answer truthfully and completely may result in my termination or not being hired,
3. That the employer reserves the right to terminate my employment at anytime, however, only after reviewing all circumstances,
4. That only a Personnel representative will offer me employment after reviewing budgets, references, the results of my substance abuse test and other relevant information and,
5. That a job offer may be conditioned upon completion of a job related health assessment, consistent with business necessity, showing that I am medically qualified for the position for which I have applied.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: We will keep this application on active status for 90 days. If you wish to be considered for the same position after 90 days or if you are interested in another position, it will be necessary to fill out a new application