

**COTTONWOOD MEDICAL CENTER, Ltd.
EMPLOYMENT APPLICATION**

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering questions, be aware that none of the questions are intended to imply illegal preferences or discrimination upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time? Part-time? Temporary?

When could you start work? _____

Last Name

First Name

Middle Name

Telephone Number

Present Street Address

City

State

Zip Code

Are you 18 years of age or older? Yes? No?
(if you are hired, you may be required to submit proof of age.)

Social Security # (Optional) _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes ? No ?

Have you been a party to a lawsuit in the past 5 years? Yes ? No ?

Have you ever applied here before? Yes ? No ?

Were you ever employed here? Yes ? No ?

If yes, give details _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes ? No ?

If yes, please explain _____

EDUCATION

List Name and Address of Schools High School or GED: _____ _____ _____	Number of Years Completed	Diploma/ Degree/ Certificate
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____ _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

How many days of work have you missed during the past year?
(Exclude absences due to disability or those covered by FMLA.) _____

For Driving Jobs Only: Do you have a valid driver's license? Yes ? No ?
Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes ? No ?
If yes, give details _____

List professional, trade, business or civic activities and offices held.
(Exclude labor organizations and memberships which reveal race, color, religion, national origin,
sex, age, disability or other protected status.)

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer Address City, State, Zip Code Telephone	Supervisor <hr/> Employed From(mo/yr) / To (mo/yr) / <hr/> Pay Start \$ Final \$ <hr/>
Title	Reason for Leaving
Duties	
Name of Employer Address City, State, Zip Code Telephone	Supervisor <hr/> Employed From(mo/yr) / To (mo/yr) / <hr/> Pay Start \$ Final \$ <hr/>
Title	Reason for Leaving
Duties	
Name of Employer Address City, State, Zip Code Telephone	Supervisor <hr/> Employed From(mo/yr) / To (mo/yr) / <hr/> Pay Start \$ Final \$ <hr/>
Title	Reason for Leaving
Duties	

REFERENCES

Have you worked or attended school under any other names? Yes ? No ?

If yes, give names: _____

Are you presently employed? Yes ? No ?

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes ? No ?

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Telephone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFOR SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for 90 days.

APPLICANT RELEASE AUTHORIZATION

Company: Cottonwood Medical Center, Ltd. Phone: (520) 836-5538 Fax: (520) 876-0878

APPLICANT MUST COMPLETE ALL OF THE FOLLOWING:

Name: _____
Last First Middle

Other Names Used (Including Maiden Name): _____ (yrs) From _____ To _____
_____ (yrs) From _____ To _____

Social Security Number: _____ Date of Birth (mo/day/yr): _____/_____/_____

(For ID purposes only)

Driver's License Number: _____ State Issued: _____ Exp. Date: _____

Current Address: _____

Street City State Zip Code
Years of Occupancy at Current Address: From _____ To _____ Home Phone Number: (____) _____

Previous Address (es) Last 7 Years:

- 1. _____ (yrs) From _____ To _____
Street City State Zip Code
- 2. _____ (yrs) From _____ To _____
- 3. _____ (yrs) From _____ To _____
- 4. _____ (yrs) From _____ To _____
- 5. _____ (yrs) From _____ To _____

In consideration of and in connection with my application for employment (including contract for services, if applicable) and as a consideration of continuing employment, I understand that an investigative background inquiry will be performed on myself. This may include, but is not limited to, a consumer credit history, criminal record history, education verification, drug screening, driving record history, employment history and other such reports that may exhibit information on my character, work habits, performance, education and experience, along with reasons for termination of employment from previous employers, where such information exists. Information will be researched and reported in accordance with the Fair Credit Reporting Act.

I hereby authorize, without reservation, the above named company and its directors, officers, employees and agents of the foregoing, and any party or agency contracted by the above named company and their directors, officers, employees and agents, as a condition prior to employment or as a condition of continuing employment, to contact any of my previous employers or to contact schools, companies, credit bureaus, law enforcement agencies, government agencies, persons and educational institutions to supply any information concerning my background, and to furnish the above listed information and to release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form.

I believe to the best of my knowledge that all of the information I have provided is accurate, true, correct, and that I fully understand the terms of this release.

Applicant Signature: _____ Date: _____