



**Memorial Hospital of Carbon County**  
**EMPLOYMENT APPLICATION**  
*AN EQUAL OPPORTUNITY EMPLOYER*

**IMPORTANT INSTRUCTIONS:**

Please review the minimum qualifications for a job before you apply. State exact official job title. A separate application must be prepared for each job. Be sure you include any supporting documents required in the announcement. Applications must be submitted by the final filling date on the announcement (except for continuous recruitment jobs). Do NOT submit a resume for this application form. Incomplete or illegal applications will not be processed. If a particular question is not applicable, write N/A in the space. If more space is needed to give full answers or explanations, attach additional sheets. False statements, evidence of fraud or deceit in connection with the application will disqualify you from examination or appointment and if discovered after employment are grounds for discharge. This application, if approved, will be kept active for only one year. To reapply, you must submit a new form. The information provided is considered confidential and will be used by the Human Resources Department and by appointing authorities to evaluate your qualifications for employment.

**ONLINE SUBMISSION:**

When submitting an online application you have the option to either submit it via EMAIL service or you can print & fax your online application. You may also hand deliver your application to Human Resources department. [If you choose to submit your application via email please read this!](#)

Fax: (307) 324-8371

NAME			
ADDRESS			
JOB APPLIED FOR			
PHONE NUMBERS	HOME NUMBER:	ALTERNATE:	

ARE YOU UNDER 18?      YES      NO      If yes, give birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I attest, that I am:    A citizen or national of the U.S.    A Lawful Permanent Resident    An alien authorized to work until : \_\_\_\_\_

Have you served active duty in the U.S. Military?      YES      NO      If yes, complete below:

Dates	Branch of Service	Serial Number	Type of Discharge
From:                      To:			

Are you a disabled veteran?      YES      NO      **If yes, submit proof of disability with application.**

Check the types of appointments you can accept      Permanent      Temporary      Intermittent

Full Time?    Yes    No      Part Time?    Yes    No      Date available for work: \_\_\_\_\_

Are you willing to travel on the job?    Yes    No      Are you willing to work shifts?    Yes    No

Have you previously submitted an application for this hospital?    Yes    No

Have you previously been employed at this hospital?    Yes    No

When?      Department?

Do you have any relatives employed at the hospital?    Yes    No      If yes, Where?

Have you ever been convicted of a felony in a civilian or a military court of law?    Yes    No  
 If yes, give dates, details and penalties for each occurrence. Include dates of any probationary periods.

\_\_\_\_\_

High School Attended:	Address:	Date:
Did you graduate?    Yes    No	Date you received your GED:	
School from which you received your GED:		

Colleges/University	Dates	Semester Hours Earned	Quarter Hours Earned	Major	Minor	Degree Earned?	Date Degree Earned

**List other job related courses or training** (trade, vocational, business, armed forces). Give name and location of each school, dates attended, and subjects studied. Also list college courses and number of semester hours earned which are specifically job related. Also list other job related qualifications, achievements, skills with machines, patents inventions, publications, public speaking, typing or shorthand speed, foreign languages professional licenses- include numbers and expiration dates of licenses. Attach additional sheets if necessary

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Important instructions for completing work history: This portion **MUST** be accurate and complete. Applications lacking sufficient information will not be processed. List your entire work history including part time, temporary and volunteer, and summer jobs. Include service in the armed forces and self-employment. List jobs in reverse order starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications, we must have accurate and complete information on previous job tasks and levels of responsibility. Be thorough and specific in the "tasks" section. Tell us exactly what job tasks you performed. For each job list the most important or major tasks first (those which took up most of your time or were most critical), then list less important tasks. Volunteer work must be described in the same manner. If unpaid, state volunteer in the space for salary. If more space is needed, attach additional sheets in the same format.

Employer	Position Held
Address:	
Supervisor	May we contact? Yes No                      Phone:
Full Time    Part Time	Starting Salary:                      Last Salary:
From (mo/yr)	To (mo/yr)                      Average hours per week
Positions supervised:	
Reason for leaving:	Other names used:
Tasks:	

Employer		Position Held	
Address:			
Supervisor		May we contact? Yes No	Phone:
Full Time	Part Time	Starting Salary:	Last Salary:
From (mo/yr)		To (mo/yr)	Average hours per week
Positions supervised:			
Reason for leaving:		Other names used:	
Tasks:			

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Address:			
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From (mo/yr)		To (mo/yr)	Average hours per week
Positions supervised:			
Reason for leaving:		Other names used:	
Tasks:			

Affidavit: I certify that the answers given by me to the foregoing questions are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers, or omissions made by me in this questionnaire. I authorize employers, companies, schools, or persons named above to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records. I hereby release said employers, companies, schools or persons from all liability or damage, both legal or otherwise, for issuing this information. I also understand an offer of employment will be conditioned on results of a medical examination. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer. **Further, I understand that my employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself, or my employer. In addition, should my employer be or become subject to the conditions to the Drug-Free workplace Act of 1988, I agree to abide by such established policies as relate thereto.**

\_\_\_\_\_  
Date:

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

**We are an equal opportunity employer. A copy of this application is available upon request**

**You must notify us of any changes of address or phone number**

**Memorial Hospital of Carbon County does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability.**

**In admission or access to, or treatment or employment in, it's programs or activities.  
Our Section 504 Coordinators are the Director of Human Resources and Case Manager.**