

**MOUNTAIN STATES MEDICAL
EMPLOYMENT APPLICATION**

Name _____ Social Security No. _____

Present Address _____

City _____ State _____ Zip Code _____

Telephone No. Home _____ Telephone No. Business _____

Previous Address _____
Street City State Zip Code

Position Applied For _____ Salary Desired _____

Would you accept another position? Yes No Date Available for employment _____

Are you willing to work:

Are you applying for:

Overtime (over 40 hrs/wk) Yes No

Full Time

On Call Yes No

Part Time

Weekends Yes No

Temporary

Holidays Yes No

List applicable work skills: _____

How were you referred to this organization? _____

Do you have any relatives working for this organization? Yes No

If yes, name _____ Department _____

Have you ever been employed by this organization? Yes No

If yes, position _____ Department _____ from _____ to _____

Are you a U.S. citizen? Yes No If no, do you have a legal right to work in the United States? Yes No

Have you ever been denied a bond? Yes No If yes, please explain _____

Are you older than 18? Yes No If no, please specify age _____

Are you able to perform the duties of this job with or without reasonable accommodation? Yes No

If accommodations are needed, please describe _____

Since reaching age 18, have you ever been convicted of a misdemeanor or a felony? (Note: Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for). Yes No

If yes, please explain _____

In an emergency, notify: Name _____

Address _____ Telephone No. _____

	School: Name & Address	Course of Study	Circle Year Completed	Did You Graduate?	Diploma/Degree
High School	_____		1 2 3 4	Yes _____ No _____	
College	_____		1 2 3 4	Yes _____ No _____	
Technical, Business or Professional	_____		1 2 3 4	Yes _____ No _____	

If you are now attending school indicate where and the course of study _____

Professional Licenses/Certifications

Type	State	Exp. Date	Registration No.

Please list name, address & phone no. of previous employers with most recent employer first. Periods of unemployment should be included.	From	To	Immediate Supervisor	Last Salary Hourly, Monthly Or Yearly
Job Title				

Employer Name, Address & Telephone _____

Duties _____

Reason For Leaving _____

Job Title				
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Employer Name, Address & Telephone _____

Duties _____

Reason For Leaving _____

Job Title				
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Employer Name, Address & Telephone _____

Duties _____

Reason For Leaving _____

Military Service	From	To
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Branch _____ Rank _____ Job Classification _____

Are you presently a member of the National Guard or the Reserves? Yes No

May we run an employment check from the employers listed? Yes No

Has been notice given to present employer? Yes No

Is there any additional information relative to change in name necessary to check your work history? Yes No

If yes, please explain _____

Please list references (not relative or employers) to contact that are acquainted with your work history.

Name	Title/Occupation	Company/Address	Telephone No.

Make any comments you feel are pertinent to your application _____

PLEASE READ CAREFULLY BEFORE SIGNING

I authorize you to make any investigation and to obtain all lawful information, which you deem necessary in connection with this application, and to circulate such information to the appropriate persons who consider this application. I request and authorize all references and former employer(s) to supply information about me verbally or in writing to you. In consideration for their furnishing such information, I hereby waive any claims against them, which may arise from their furnishing such information. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that I may be required to complete a medical exam for initial and continued employment. I further understand that in the event I am employed, such employment is at will and I agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without prior notice. Neither the employer nor I have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract. The applicant and potential employer, co-employer and/or employee leasing company mutually agree and contract that any and all claims, disputes or controversies whether based on contract, quasi-contract, tort, offenses, quasi-offenses or otherwise, arising out of, or in any way relating to this application for employment, and/or whether based on the Constitution, statutes, Code(s) and/or common law of the United States or of any state, including the arbitrability of any claim, dispute or controversy shall be exclusively settled by binding arbitration conducted under the Arbitration Rules of and before an Arbitration Tribunal of the National Association for Dispute Resolution, Inc., pursuant to the provisions of the Federal Arbitration Act and/or the Texas Alternative Dispute Resolutions Act, whichever shall have the broadest effect, all claims of any rights to the contrary, including any right to trial by jury, being hereby expressly waived. Any such Arbitration Award may be entered as a Judgment of the District Court, State of Federal, having jurisdiction thereof.

Date _____ Signature _____