



1501 N. WILLIAMSON AVE  
WINSLOW, AZ 86047  
928-289-4691

**APPLICATION FOR EMPLOYMENT**

DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MI

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
PRIMARY PHONE NUMBER ALTERNATE PHONE NUMBER

EMAIL ADDRESS: \_\_\_\_\_

POSITION(S) DESIRED \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS POSITION \_\_\_\_\_

DATE YOU CAN BEGIN WORK \_\_\_\_\_ SALARY REQUIREMENTS \_\_\_\_\_

EMPLOYMENT STATUS DESIRED \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ OTHER \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY LITTLE COLORADO MEDICAL CENTER \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, DATE(S) \_\_\_\_\_ POSITION(S) \_\_\_\_\_

DO YOU HAVE ANY RELATIVES EMPLOYED AT LITTLE COLORADO MEDICAL CENTER \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, NAME(S) \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

**EMPLOYMENT HISTORY**

STARTING WITH YOUR MOST RECENT EMPLOYER. LIST ALL POSITIONS FOR THE PAST 10 YEARS AND ACCOUNT FOR PERIODS OF UNEMPLOYMENT.

EMPLOYER	POSITION
ADDRESS	DATES EMPLOYED
TELEPHONE #	SALARY
SUPERVISOR'S NAME	REASON FOR LEAVING
EMPLOYER	POSITION
ADDRESS	DATES EMPLOYED
TELEPHONE #	SALARY
SUPERVISOR'S NAME	REASON FOR LEAVING
EMPLOYER	POSITION
ADDRESS	DATES EMPLOYED
TELEPHONE #	SALARY
SUPERVISOR'S NAME	REASON FOR LEAVING

## EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?
HIGH SCHOOL			
VOCATIONAL/ TECHNICAL			
COLLEGE/UNIVERSITY			
GRADUATE/OTHER			

PLEASE GIVE THREE REFERENCES (NOT RELATIVES OR PERSONS PREVIOUSLY LISTED) WHO ARE ACQUAINTED WITH YOUR TRAINING ACTIVITIES.

NAME	ADDRESS	TELEPHONE #	OCCUPATION

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO A FELONY? \_\_\_\_ YES \_\_\_\_ NO. WITHIN THE LAST FIVE YEARS HAVE YOU BEEN CONVICTED OF, OR RELEASED FROM INCARCERATION FOR A MISDEMEANOR, WHICH WAS NOT A FIRST OFFENSE FOR DRUNKENNESS, SIMPLE ASSAULT, SPEEDING, A MINOR TRAFFIC VIOLATION OR DISTURBING THE PEACE? \_\_\_\_ YES \_\_\_\_ NO.

IF YES,  
EXPLAIN \_\_\_\_\_

THE TYPE AND SERIOUSNESS OF THE CRIME, ALONG WITH YOUR ENTIRE WORK HISTORY, EDUCATION HISTORY, AND THE POSITION FOR WHICH YOU ARE APPLYING FOR WILL BE CONSIDERED. A "YES" RESPONSE TO THE ABOVE QUESTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT.

### READ CAREFULLY BEFORE SIGNING:

THE RESPONSES GIVEN ABOVE ARE TRUE AND CORRECT. I HAVE NOT WITHHELD ANY FACT THAT MIGHT ADVERSELY AFFECT MY APPLICATION, AND I UNDERSTAND THAT ANY OMISSIONS OF FACT OR ANY FALSE STATEMENTS WILL BE CONSIDERED JUST CAUSE FOR IMMEDIATE DISMISSAL, NO MATTER WHEN DISCOVERED. I FURTHER UNDERSTAND THERE MAY BE NO POSITIONS CURRENTLY AVAILABLE. I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT, I AM NOT REQUIRED TO FURNISH ANY INFORMATION THAT IS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. I MAY REQUEST REASONABLE ACCOMODATION, IF NEEDED DUE TO DISABILITY, IN ORDER TO PARTICIPATE IN THE OVERALL APPLICATION PROCESS. I WILL ALSO PROVIDE SUCH DOCUMENTS AS REQUIRED BY "THE IMMIGRATION REFORM AND CONTROL ACT OF 1986".

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

### REFERENCE CHECKS:

I AGREE THAT ALL FORMER EMPLOYERS OR THEIR DESIGNEES MAY FURNISH LITTLE COLORADO MEDICAL CENTER WITH ALL INFORMATION REGARDING MY CHARACTER AND QUALIFICATIONS, INCLUDING DISPLINARY ACTION, IF ANY. I GIVE PERMISSION TO LITTLE COLORADO MEDICAL CENTER TO OBTAIN EMPLOYMENT REFERENCES NECESSARY TO MAKE A HIRING DECISION AND HOLD PERSONS GIVING SUCH REFERENCE HARMLESS AND FREE OF ANY AND ALL LIABILITY THAT COULD RESULT FROM THE PROCESS. HUMAN RESOURCES \_\_\_\_MAY/\_\_\_\_MAY NOT CONTACT MY PRESENT EMPLOYER AT THIS TIME. IF I BECOME A FINALIST FOR A POSITION, MY PRESENT EMPLOYER MAY BE CONTACTED \_\_\_\_\_.

INDICATE WHEN

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

### WORKPLACE AUTHORIZATION FOR DRUG SCREENING:

I CONSENT TO TESTING OF A URINE SAMPLE PROVIDED BY MYSELF FOR EVIDENCE OF CONTROLLED SUBSTANCES (INCLUDING WITHOUT LIMITATION, COCAINE, THC(50), AMPHETAMINES, BARBITURATES, BENZODIAZEPINES, PROPOXYPHENE, METHADONE, PCP AND OPIATES), AND AUTHORIZE RELEASE OF TEST RESULTS TO LITTLE COLORADO MEDICAL CENTER. I UNDERSTOOD THAT FAILURE TO PASS A TEST, REFUSAL TO SUBMIT TO TESTING, SWITCHING OR ALTERING A SAMPLE, OR OTHER REFUSAL TO COOPERATE WITH THE SPECIMAN COLLECTION PROCESS CONSTITUTES APPROPRIATE GROUNDS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION FOR EMPLOYMENT. I ALSO UNDERSTAND THAT IF I TEST POSITIVE AND HAVE RECENTLY TAKEN NON-PRESCRIPTION OR PROPERLY PRESCRIBED MEDICATIONS OF HAVE ANY OTHER INFORMATION THAT MAY BEAR UPON AND REASONABLY EXPLAIN A POSITIVE TEST RESULT, I AM RESPONSIBLE FOR PROVIDING SUCH INFORMATION TO THE LITTLE COLORADO MEDICAL CENTER LABORATORY.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

WE APPRECIATE YOUR INTEREST IN LITTLE COLORADO MEDICAL CENTER. WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR VETERAN STATUS AS PROVIDED BY LAW.