

Are you able to work overtime if requested?

yes no

On what date will you be available to start? _____

Are you now or, if hired, will you be working more than one job? yes no

If "yes", please explain: _____

BACKGROUND

Have you ever been convicted of a crime (misdemeanor or felony) under your current or another name in this or any other state? YES NO

If yes, document all information for all convictions. Please attach additional sheets if needed

Conviction #1 - *

1. Your name at the time of the conviction _____
2. What you were charged with _____
3. Date of arrest _____ 4. Date of conviction _____
5. What you were convicted of _____
6. Disposition of the case _____

7. Location/Jurisdiction including city, county & state _____

Conviction #2 - *

1. Your name at the time of the conviction _____
2. What you were charged with _____
3. Date of arrest _____ 4. Date of conviction _____
5. What you were convicted of _____
6. Disposition of the case _____

7. Location/Jurisdiction including city, county & state _____

* Please attach copies of official court proceedings and disposition of each conviction you have listed. Applications will be immediately rejected for omission of information or failing to provide documentation requested.

Have you ever been convicted of a DUI (Driving under the Influence)? YES NO

If yes, document all information for all convictions. Please attach additional sheets if needed

Conviction #1 - *

1. Your name at the time of the conviction _____
2. Was it related to alcohol or controlled substance? _____
3. Date of arrest _____ 4. Date of conviction _____
5. Disposition of case _____

6. Location/Jurisdiction including city, county & state _____

* Please attach copies of official court proceedings and disposition of each conviction you have listed. Applications will be immediately rejected for omission of information or failing to provide documentation requested.

GENERAL

Can you speak, read and write English? yes no

Do you understand that all offers will be contingent upon the verification of lawful employment status as required by the Immigration Reform and Control Act of 1986 and that you must complete this process before starting work? If hired, can you verify eligibility to work in the United States?
 yes no

Employment with the hospital is contingent upon successfully completing a urine screening for drugs. If an offer of employment is made, before commencement of your duties, you will be required to undergo a medical examination and a drug test, the results of which may affect the offer of employment. Are you willing to undergo such an examination and testing?
 yes no

Do you understand that employment with SLMC is contingent upon the verification of your name through the database of the Office of Inspector General Exclusion List?
 yes no

EDUCATION AND TRAINING

Name and address of High School attended: _____

Did you graduate? yes no If "no", do you have a GED? yes no

Name and address of other schools attended (college, vocational, university, etc.):

School	Address	Dates Attended		Course or major	Did you graduate?	
		from	to		<input type="checkbox"/> yes	<input type="checkbox"/> no
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

List other courses or special training, including military, which may relate to this job. Give dates of attendance.

Do you have any technical skills or foreign language skills which might help you in this job? Please explain.

List any other accomplishments or achievements which relate to this job. _____

EMPLOYMENT HISTORY

(SLMC DOES NOT ACCEPT RESUMES)

Please complete the following information.)

Have you ever been involuntarily terminated or asked to resign? If so, explain: _____

LIST LAST FIVE EMPLOYERS IN CHRONOLOGICAL ORDER STARTING WITH THE MOST RECENT. DO NOT MAKE ANY OMISSIONS.

1. Name of Employer _____ phone no. _____

Address: _____

Name of immediate supervisor: _____ pay :\$ _____

From: _____ To: _____ Position: _____ Reason for leaving: _____

2. Name of Employer _____ phone no. _____

Address: _____

Name of immediate supervisor: _____ pay :\$ _____

From: _____ To: _____ Position: _____ Reason for leaving: _____

3. Name of Employer _____ phone no. _____

Address: _____

Name of immediate supervisor: _____ pay :\$ _____

From: _____ To: _____ Position: _____ Reason for leaving: _____

4. Name of Employer _____ phone no. _____

Address: _____

Name of immediate supervisor: _____ pay :\$ _____

From: _____ To: _____ Position: _____ Reason for leaving: _____

5. Name of Employer _____ phone no. _____

Address: _____

Name of immediate supervisor: _____ pay :\$ _____

From: _____ To: _____ Position: _____ Reason for leaving: _____

What prompted your application? Own accord Advertisement Employee referral Other

If employee referral, please name the employee who referred you: _____

AFFIDAVIT

I certify that the information on this application is true and complete. I understand that any misstatements or omissions of information are grounds for denial of employment, and if hired, for dismissal. I understand that employment is conditioned upon verification of information contained herein, as well as my undergoing a post-offer pre-employment drug test and job-related physical examination with results satisfactory to the Hospital.

I give the Hospital the right to request from the listed employers and schools as well as any other persons, schools, companies, credit bureau, state licensing, law enforcement, and other governmental agencies, any and all information about my background, along with any other pertinent information they may have, personal or otherwise without further notice to me. I release all parties from all liability, and agree not to file any claims, lawsuit, or any other cause of action of any kind against any person or entity arising out of the furnishing, receipt or use of such information.

I authorize the Hospital to obtain a consumer report as defined under the Fair Credit Reporting Act in accordance with 15 U.S. C. 1681, et seq., which includes information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal record, or mode of living, and to use such information for employment purposes. I understand that if the Hospital relies upon a consumer report, I will be notified about my rights in a separate document.

I AGREE THAT MY EMPLOYMENT WITH THE HOSPITAL WILL BE AT-WILL. THIS MEANS THAT EITHER THE HOSPITAL OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON AT ALL, WITH OR WITHOUT NOTICE. THIS CLAUSE CANNOT BE AMENDED, CHANGED, ALTERED, OR ABOLISHED EXCEPT IN WRITING SIGNED BY THE HOSPITAL ADMINISTRATOR. I ALSO AGREE THAT MY EMPLOYMENT WILL BE GOVERNED BY THE EMPLOYEE HANDBOOK TO THE EXTENT THESE DOCUMENTS ARE CONSISTENT WITH MY EMPLOYMENT AGREEMENT. THESE DOCUMENTS ARE SUBJECT TO CHANGE FROM TIME TO TIME.

Applicant signature

Date

Received by

Date

Return applications to:

Human Resources Department
South Lyon Medical Center
213 S. Whitacre St.
P.O. Box 940
Yerington, Nevada 89447

(775) 463-2301 ext 217

All applications are "active" for one month and then kept in a "non-current" status for 3 months, after which time the applicant will need to re-apply if they wish to be considered for a future opening.

**SOUTH LYON MEDICAL CENTER
YERINGTON, NEVADA**

According to the requirements contained in NRS 449.160, 440.188, 200.5099 and 200.50955, and the Federal Omnibus Reconciliation Act of 1987, **long-term care and home health facilities are prohibited from employing anyone convicted of any of the following:**

1. Murder, voluntary manslaughter or mayhem.
2. Assault with intent to kill or to commit sexual assault or mayhem.
3. Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime.
4. Abuse or neglect of a child or contributory delinquency.
5. A violation of any federal or state law regulating possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 453 and 454 of NRS, within the past seven (7) years.
6. Committing, allowing, or permitting the neglect, exploitation, isolation or abuse of an older person causing the older person to suffer unjustifiable physical pain or mental suffering.
7. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding seven (7) years; or,
8. Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding seven (7) years.

By my signature below, I certify that I have not been convicted of any of the above mentioned violations within the time frame indicated. I hereby authorize South Lyon Medical Center to investigate any criminal record and understand that such a conviction would prohibit my employment under the law. I further understand that if I have been hired and begun work and notice is received of conviction of any of the above, that I will be terminated. I understand that if I feel the information provided by the central repository is incorrect, I must immediately inform the Hospital and I will be given a reasonable amount of time of not less than 30 days to correct the information.

Applicant signature

Date

**SOUTH LYON MEDICAL CENTER
HUMAN RESOURCES DEPARTMENT
P.O. BOX 940
YERINGTON, NEVADA 89447
775-463-2301 ext.217 FAX 775-463-7864**

South Lyon Medical Center provides health care for the public and in order to protect the public's trust, we must carefully consider each applicant applying for a position.

VALIDATION OF EMPLOYMENT - APPLICANT'S STATEMENT

I authorize South Lyon Medical Center and its personnel to ask any and all of my former employers and schools in a manner they choose, for information concerning me, whether good or bad. I know that complete information is important to my being hired or retained in any position offered to me.

I, therefore, release all parties and persons connected with any requests for information from all claims, liability and damages for whatever reason arising out of furnishing this information.

I authorize all of my former employers and schools to release to South Lyon Medical Center any requested information regarding my previous employment, schooling and performance.

APPLICANT
SIGNATURE _____

DATE _____

Applicant - do not write below this line

EMPLOYER OR SCHOOL _____

Please verify the following information

NAME OF APPLICANT _____

SS# _____

EMPLOYED OR ATTENDED SCHOOL FROM _____ TO _____

JOB TITLE _____

APPLICANT'S STATED REASON FOR LEAVING _____

Is the above information correct? YES [] NO [] Please indicate any differences.

Is the employee eligible for rehire or recommendation for hire? YES [] NO []

If not, why not? _____

Reason for termination _____

Please rate the applicant on the following:

	satisfactory	unsatisfactory
1. Quality of Work	[]	[]
2. General Knowledge	[]	[]
3. Dependability	[]	[]

REFERENCE INFORMATION COMPLETED BY:

signature _____

Title _____

Date _____

Thank you for completing this request and returning it to me. _____

SLMC HR coordinator

Date _____