

**Rangely District Hospital  
Application for Employment  
511 South White Avenue  
Rangely Colorado 81648  
(970) 675-5011 - main phone number  
(970) 675-8602 - fax number**

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**Applicant Name (please print)**



This application is intended for use by Rangely District Hospital. In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, national origin, sex, veteran status, age, disability or any other status protected by law or regulation. Provide only the information requested and complete all sections. Failure to do so will result in disqualification of your application. In reading and answering the following questions, be aware none of the questions are to imply illegal preferences or discrimination based upon non-job related information.

Interview..... Date: \_\_\_\_\_  
Pre-Employment Reference Check....Date: \_\_\_\_\_  
Pre-Employment Drug Screen.....Date: \_\_\_\_\_  
Pre-Employment Background Check .Date: \_\_\_\_\_  
Pre-Employment Physical.....Date: \_\_\_\_\_  
Orientation.....Date: \_\_\_\_\_

Application sent to:  
Dept. \_\_\_\_\_ Date: \_\_\_\_\_  
Dept. \_\_\_\_\_ Date: \_\_\_\_\_  
Dept. \_\_\_\_\_ Date: \_\_\_\_\_  
Dept. \_\_\_\_\_ Date: \_\_\_\_\_  
Dept. \_\_\_\_\_ Date: \_\_\_\_\_

**Please Print**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Home Phone # ( ) \_\_\_\_\_  
 Work Phone # ( ) \_\_\_\_\_  
 Message Phone # ( ) \_\_\_\_\_

Position Desired: \_\_\_\_\_  
 \_\_\_ Full time \_\_\_ Part time \_\_\_ PRN \_\_\_ Temporary

Date Available: \_\_\_\_\_  
 Salary \_\_\_\_\_

Will you accept another position? \_\_\_ Yes \_\_\_ No If yes, what

Days, hours or shift requested: \_\_\_\_\_

Are you currently employed:? \_\_\_ Yes \_\_\_ No May we contact your current employer? \_\_\_ Yes \_\_\_ No

How did you learn about this opening? \_\_\_\_\_ Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No

EDUCATION	NAME & ADDRESS Of School	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA/ DEGREE
HIGH SCHOOL or GED			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
COLLEGE EDUCATION			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
COLLEGE EDUCATION			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
MEDICAL EDUCATION			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
OTHER SPECIALIZED COURSES			1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	

Extracurricular Activities While in School: \_\_\_\_\_

Member of Professional Organizations: \_\_\_\_\_

Other Qualifications Applicable to Position for Which You are applying: \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rank at Discharge: \_\_\_\_\_

**License and/or Certification**

Are you currently registered, licensed or certified to practice in the State of Colorado \_\_\_ Yes \_\_\_ No

Profession \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

States other than Colorado, please list

State \_\_\_\_\_ Profession \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Profession \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever had a license or registry suspended or revoked? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

**Employment History:** Please provide present or last employer first. Provide supplemental sheet as needed.

<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates (Month/Year) From _____ To _____	Base Wage: \$ _____ Start Salary: \$ _____	
<b>Current Employer Name</b>		Final Salary: \$ _____		
Address		Briefly describe your duties:		
City	State			Zip
Your Position/Job Title				
Name of Supervisor Phone (        )				
Reason for leaving (if presently employed, reason for seeking employment):				
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____				
<b>Employer Name</b>		Dates (Month/Year) From _____ To _____	Base Wage: \$ _____ Start Salary: \$ _____	
Address		Final Salary: \$ _____		
City	State	Zip	Briefly describe your duties:	
Your Position/Job Title				
Name of Supervisor Phone (        )				
Reason for leaving (if presently employed, reason for seeking employment):				
<b>Employer Name</b>		Dates (Month/Year) From _____ To _____		Base Wage: \$ _____ Start Salary: \$ _____
Address		Final Salary: \$ _____		
City	State	Zip	Briefly describe your duties:	
Your Position/Job Title				
Name of Supervisor Phone (        )				
Reason for leaving (if presently employed, reason for seeking employment):				
<b>Employer Name</b>		Dates (Month/Year) From _____ To _____		Base Wage: \$ _____ Start Salary: \$ _____
Address		Final Salary: \$ _____		
City	State	Zip	Briefly describe your duties:	
Your Position/Job Title				
Name of Supervisor Phone (        )				
Reason for leaving (if presently employed, reason for seeking employment):				
If you were employed in any of the stated positions under another name, please give name(s) for reference purposes only: _____				

**SKILLS**

**Medical terminology**    Yes    No      **Keyboarding**    Yes    No      **Transcription**    Yes    No

**Computer skills**    Yes    No  
 Excel    Word    Outlook    Access    Power Point    Publisher    Other Programs

Tell us about other skills you have (manual/technical): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES (must be able to verify previous job performance)**

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

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**OTHER INFORMATION**

Have you previously submitted an application/resume?    Yes    No    If Yes, when? \_\_\_\_\_

Have you ever been employed by Rangely District Hospital?    Yes    No    If Yes, when? \_\_\_\_\_

Do you have relatives employed by Rangely District Hospital?    Yes    No    If Yes, what name, relationship and department? \_\_\_\_\_

Have you ever been convicted of a criminal offense?    Yes    No    If Yes, when? \_\_\_\_\_

give particulars: (Convictions will not automatically disqualify a job candidate. The seriousness of the crime and date of conviction will be considered.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Name: \_\_\_\_\_ Years Known \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Years Known \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Years Known \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Rangely District Hospital unless I have indicated to the contrary. I authorize the investigation of any and all statements contained in this application, as well as all other individuals whom Rangely District Hospital contacts, to provide Rangely District Hospital any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Rangely District Hospital or any of its agents, employee or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of Rangely District Hospital, as amended by Rangely District Hospital from time to time in its discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of Rangely District Hospital. I understand that no employee or representative of Rangely District Hospital, other than its Administrator & CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Administrator & CEO of Rangely District Hospital may not alter the at-will nature of employment relationship unless he/she signs a written document in which he/she specifically and clearly indicates the intent to do so. I also understand that satisfactory completion of a criminal background check, pre-employment drug/alcohol screening and a post-offer pre-employment physical are a condition of employment. Refusal to complete these will preclude my further consideration of employment. 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 have read, understand and by my signature consent to these statements.

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

**Do Not Answer Questions In This Area—To Be Completed After Employment**

Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality \_\_\_\_\_ Ages of Children \_\_\_\_\_

Who do we notify In case of an emergency?

\_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Street City State Zip Code Telephone  
\_\_\_\_\_

What Language(s) (Other Than English) Do You Speak? \_\_\_\_\_

**APPLICANT AFFIRMATIVE ACTION INFORMATION**  
**(Voluntary Self-Identification Information)**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, medical condition, veteran status or any other legally protected status. To enable us to meet government reporting regulations, applicants are requested to complete this form. The information below will be used solely in the compilation of data for Affirmative Action reporting. This data will be maintained in a confidential file and will not effect your opportunity for employment or terms or conditions of employment, if hired, *(Please Print)*

NAME	DATE
SOCIAL SECURITY NUMBER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
POSITION APPLIED FOR	DEPARTMENT
<u>RACE/ETHNIC CATEGORY</u> (Please Select One)	
<input type="checkbox"/> <u>Caucasian</u> —Origins in any of the original peoples of Europe, the Middle East, or North Africa.	<input type="checkbox"/> <u>Black or African American</u> —Origins in any of the black racial groups of Africa.
<input type="checkbox"/> <u>Asian</u> —Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	<input type="checkbox"/> <u>American Indian or Alaskan Native</u> —Origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> <u>Hispanic or Latino</u> —a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.	<input type="checkbox"/> <u>Native Hawaiian</u> —Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<u>REFERRAL SOURCE</u>	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	<input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Partner Referred <input type="checkbox"/> Relative

Signature \_\_\_\_\_

Date \_\_\_\_\_