



300 Wilson Street | Clayton, NM 88415

575.374.7006 | UCGH.net

APPLICATION FOR EMPLOYMENT

Thank you for considering Union County General Hospital in your job search. Union County General Hospital is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, uniformed services status or (any state protected classifications). No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

CONFIDENTIAL

Please complete by printing in dark ink, answering all questions, and signing your initials and name on the last page where indicated.

Date _____

PERSONAL INFORMATION

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

EMPLOYMENT INFORMATION

Date You Can Begin _____ Position Applied For _____ Salary Desired _____

EDUCATION HISTORY

High School

Name _____ City/State _____

Last Year Completed: 9th 10th 11th 12th Did You Graduate? Yes / No

College or University

Name _____ City/State _____

Years Completed _____ Degree _____

Other Schools

Name _____ City/State _____

Years Completed _____ Certificate or License _____



SPECIAL SKILLS

Software Applications _____

Other Skills _____

EMPLOYMENT RECORD

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it as well.

Employer _____ Address _____

Phone _____ Supervisor _____

Job Title _____ Dates of Employment (month & year) From _____ To _____

Starting Salary _____ Ending Salary _____

Reasons for Leaving _____ Essential Job Duties _____

Additional Notes _____

Employer _____ Address _____

Phone _____ Supervisor _____

Job Title _____ Dates of Employment (month & year) From _____ To _____

Starting Salary _____ Ending Salary _____

Reasons for Leaving _____ Essential Job Duties _____

Additional Notes _____

Employer _____ Address _____

Phone _____ Supervisor _____

Job Title _____ Dates of Employment (month & year) From _____ To _____

Starting Salary _____ Ending Salary _____

Reasons for Leaving _____ Essential Job Duties _____

Additional Notes _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW

_____ I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

_____ I authorize Union County General Hospital to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Union County General Hospital, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I authorize Union County General Hospital to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction.

_____ If hired, I recognize the rules and policies of Union County General Hospital. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Union County General Hospital or myself. I understand that the Administrator of the company is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

_____ I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to Union County General Hospital for their use in evaluating my suitability for employment. Further, I release the examining facility and Union County General Hospital from any and all liability, and from any damage that may result from the release of such information.

Date _____

Signature _____



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SUPPLEMENT TO
EMPLOYMENT APPLICATION

IMPORTANT INFORMATION TO KNOW BEFORE FILLING OUT AN APPLICATION FOR EMPLOYMENT WITH UNION COUNTY GENERAL HOSPITAL

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate "see resume".
2. If you are offered a position with Union County General Hospital be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the Union County General Hospital representative who has been assisting you.

Thank you for your cooperation.

APPLICANT ACKNOWLEDGMENT

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Date _____

Signature of Applicant _____