



McCALL MEMORIAL HOSPITAL

*A community sponsored service
providing quality primary health care
and promoting wellness*

We are pleased you have considered McCall Memorial Hospital in your employment plans!

To understand the employment process at McCall Memorial Hospital, we ask that you read the following information before completing your application:

1. Call (208) 634-4061, ext. 323 (Human Resources) for an update on available positions.
2. For your convenience, job descriptions that list the essential functions of open positions, are available from Human Resources.
3. A fully completed McCall Memorial Hospital application is required (*resumes may be submitted with the application, but are not required, and do not substitute for a completed application.*)
4. We will contact those candidates who we believe best meet the needs and qualifications of the position.
5. Job offers are contingent upon satisfactory references, drug test results, criminal record review, and other relevant information.

If you have any questions, please call Human Resources at (208) 634-4061, ext. 323.

Again, thank you for your interest in joining the McCall Memorial Hospital team.

Equal Opportunity Employer



McCall Memorial Hospital

1000 State Street

McCall, Idaho 83638

(208) 634-2221

www.mccallhosp.org

email: hospital@mccallhosp.org

Employment Application

Human Resources Use Only

Interviews:

Actions:

CC:

Please complete all information

Last Name	First	Middle	Social Security Number		Other names you've gone by	
Address: Street	City	State	Zip Code	Home Telephone # ()	Message Telephone # ()	

Position(s) for which you are applying:				Salary Desired:			
Check all schedules you would consider: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Flex <input type="checkbox"/> Temporary				Earliest date available to start work:			
Please mark the days of the week you are available and willing to work: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun							
Please mark the shifts you are available and willing to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends							
Have you ever been convicted or had a withheld judgement of a criminal offense other than minor traffic violations? Conviction will not necessarily disqualify you from employment. Each case will be reviewed on an individual basis considering such factors as recency, seriousness, and nature of the offense as it relates to the job for which you have applied. <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure If yes or not sure, explain: _____ _____							
Have you ever been discharged from a position or asked to resign? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____ _____							

Have you ever been previously employed by McCall Memorial Hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, what position: _____	Date left: ____/____/____
Do you have relatives working at McCall Memorial Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what department: _____	
Are you legally authorized to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you reviewed the job description(s) for the position(s) you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform the essential functions of the position with or without reasonable accommodation and without posing a direct threat to the safety of yourself and others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you under 16 years of age? If yes, indicate your age at last birthday. <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
May we contact your present employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ _____	

Work Experience: Please list 10-year employment history. Explain any gaps over 1 month. Begin with your most recent employment and include any break in employment; use additional sheets if necessary. **Resume will not be accepted as a substitute for a completed application.** Incomplete applications will **not** be considered for processing.

Employment Dates	From: Mo: Yr:	To: Mo: Yr:	Job Title:	Name of last supervisor:	Salary Per: Hr: Yr:
Company Name:			Duties & responsibilities:		
Address:					
City & State:					
(Area code) Phone #			Reason for leaving:		
Employment Dates	From: Mo: Yr:	To: Mo: Yr:	Job Title:	Name of last supervisor:	Salary Per: Hr: Yr:
Company Name:			Duties & responsibilities:		
Address:					
City & State:					
(Area code) Phone #			Reason for leaving:		
Employment Dates	From: Mo: Yr:	To: Mo: Yr:	Job Title:	Name of last supervisor:	Salary Per: Hr: Yr:
Company Name:			Duties & responsibilities:		
Address:					
City & State:					
(Area code) Phone #			Reason for leaving:		
Employment Dates	From: Mo: Yr:	To: Mo: Yr:	Job Title:	Name of last supervisor:	Salary Per: Hr: Yr:
Company Name:			Duties & responsibilities:		
Address:					
City & State:					
(Area code) Phone #			Reason for leaving:		
Employment Dates	From: Mo: Yr:	To: Mo: Yr:	Job Title:	Name of last supervisor:	Salary Per: Hr: Yr:
Company Name:			Duties & responsibilities:		
Address:					
City & State:					
(Area code) Phone #			Reason for leaving:		

PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION DATA

Type license/registration/certification:	License / Cert / Reg #	Expiration Date:
Type license/registration/certification:	License / Cert / Reg #	Expiration Date:
Type license/registration/certification:	License / Cert / Reg #	Expiration Date:

EDUCATION

Type of School	School Name	City/State	Major	Degree/Diploma/Certificate	Did you graduate? (Please circle)
High School/GED					Yes No
College/Tech/Voc					Yes No
Post Grad Work					Yes No

Please complete specific skills:

Indicate Skill Level:

1 - 5 (1=Novice 5=Expert)

- MS Word 1 2 3 4 5
- MS Excel 1 2 3 4 5
- MS Publisher 1 2 3 4 5
- Access 1 2 3 4 5
- Power Point 1 2 3 4 5
- Outlook 1 2 3 4 5
- Medical Terminology 1 2 3 4 5
- Other _____

10 key
Typing/Keyboarding wpm _____

Are you proficient in a second language(s)?

Yes No
If yes, what language(s)? _____

CLARIFICATION STATEMENT:

I agree to the following:

1. I authorize the companies, schools or persons named in this application to give any information regarding my employment, education, character, and qualifications and hereby release them from all liability for any damage as a result of providing this information.
2. All my statements and information related to the employment process are true and complete; failure to answer any questions or failure to answer truthfully and completely may result in my not being hired or in being terminated after discovery.
3. If hired, I will be an "at will" employee and McCall Memorial Hospital can terminate my employment at any time.
4. Job offers are contingent on satisfactory references, drug test results, criminal records review, and other relevant information.
5. Job offers are contingent on being able to perform the essential functions of the position I am being offered.
6. I have not been excluded, suspended, or debarred from participating in or providing services in the Medicare/Medicaid programs (fraud & abuse) or any other federally funded health care program. I am not currently being investigated in any matter that could lead to exclusion from a Medicaid/Medicare program.

Applicant signature

REFERENCES

Please provide two or three professional references and one personal. References are not to include family members.

Name of Reference	Title	Phone #	email	Association
1.				
2.				
3.				
4.				

Note: We will keep this application for 90 days. If you wish to be considered for employment after 90 days or if you are interested in another position at a later date, please fill out a new application. Return application in person or mail to: **McCall Memorial Hospital, 1000 State St., McCall, ID 83638, (208) 634-2221. email: hospital@mccallhosp.org.**



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BACKGROUND AND INVESTIGATION NOTICE/AUTHORIZATION

In connection with my application for employment at McCall Memorial Hospital, I understand that a background check may be conducted and may include information as to my character, work habits, credit, academic-credential verification, job performance, experience, and reasons for termination. I also understand McCall Memorial Hospital may request information concerning my workers' compensation claims, motor vehicle operations history, criminal and civil history from various private and public sources, along with other public records.

I authorize and release from all liability, without reservation, McCall Memorial Hospital and any law enforcement agency, administrator, state/federal agency, institutions, schools, information service bureau, employer, employee, company or persons gathering or furnishing the above mentioned information.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this document will be as valid as the original.

Print name _____

Applicant signature _____

Today's date _____ / _____ / _____
Month Day Year

Date of birth _____ / _____ / _____
Month Day Year

The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Reported date of birth is used exclusively to verify an applicant's background information and is for Human Resource use only.