



TETON VALLEY HEALTH CARE

Partners in Health for a Lifetime

120 E. HOWARD AVE., DRIGGS, IDAHO 83422 • 208-354-2383 • 208-354-3158 (FAX)

EMAIL: employment@tvhcare.org • www.tvhcare.org

Date of Application

A. PERSONAL INFORMATION

Name - Last		First	Middle	Social Security No.	Email address	
Present Address - Street			City	State	Zip	
Phone No.	Cell No.	Person to notify in case of Emergency or Accident - Name:			Telephone:	
				Address:		

B. EMPLOYMENT INFORMATION

For What Position Are You Applying?	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either	Date Available For Employment?	Wage/Salary Expectations:
List Hrs./Days You Are Available To Work:	List Any Hrs./Days You Are Not Available:	Can You Work Overtime, If Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a felony? Yes No If yes, when, where, what was the nature of the case.

Referred By / Or Where Did You Learn Of This Job?

Can You, Upon Employment, Submit Verification Of Your Legal Right To Work In The United State? Yes No
Submit Proof That You Meet Legal Age Requirement For Employment? Yes No

List Special Skills:

C. EDUCATIONAL HISTORY

Name & Address Of Schools Attended (Include Current)	Dates		Highest Grade/Level Completed	Diploma/Degree(s) Obtained/Areas of Study
	From	Thru		
High School				
College				Degree/Major
Post Graduate				Degree/Major
Other				Course/Diploma/License/Certificate
Other				Course/Diploma/License/Certificate

Future Educational Plans

D. SPECIAL SKILLS

LIST BELOW ALL TRAINING/EXPERTISE/CERTIFICATIONS OR OTHER SKILLS RELEVANT TO POSITION.

(PLEASE COMPLETE OTHER SIDE)

(In answering questions, use extra blank sheet if necessary)

E. EMPLOYMENT RECORD					
1) Employer			May We Contact This Employer For A Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street	City	State	Zip Code	Your Position:	
Phone Number ()			Supervisor's Name:		
Type of Business	Reason For Leaving:		Dates	Mo.	Yr.
			From	To	
Work Performed. Be Specific:			Hourly Rate/Salary		
			Starting	Final	
2) Employer			May We Contact This Employer For A Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street	City	State	Zip Code	Your Position:	
Phone Number ()			Supervisor's Name:		
Type of Business	Reason For Leaving:		Dates	Mo.	Yr.
			From	To	
Work Performed. Be Specific:			Hourly Rate/Salary		
			Starting	Final	
3) Employer			May We Contact This Employer For A Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street	City	State	Zip Code	Your Position:	
Phone Number ()			Supervisor's Name:		
Type of Business	Reason For Leaving:		Dates	Mo.	Yr.
			From	To	
Work Performed. Be Specific:			Hourly Rate/Salary		
			Starting	Final	
Is there any additional experience relevant to position?					

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE, AS WELL AS ANY ADDITIONAL REFERENCES TETON VALLEY HOSPITAL & SURGICENTER MAY WISH TO CONTACT, TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I UNDERSTAND THAT IF OFFERED A POSITION WITH TETON VALLEY HOSPITAL & SURGICENTER THAT MY EMPLOYMENT WILL BE "AT WILL" AND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF TVH&S OR MYSELF. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY THE HOSPITAL ADMINISTRATOR."

DATE _____ SIGNATURE _____

OFFICE USE ONLY					
NTNS		CHAR			
PSNTY		ABTY			
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES	
COMMENTS					

No employee, applicant, or candidate for promotion, training or other advantage shall be discriminated against (or given preference) because of race, color, religion, sex, age, disability, veteran status, or national origin.

APPROVED: 1. _____ 2. _____ 3. _____
 HUMAN RESOURCES DEPT. HEAD CHIEF EXECUTIVE OFFICER