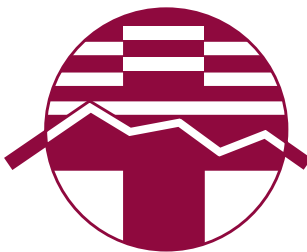


EMPLOYEE APPLICATION



WESTON COUNTY HEALTH SERVICES

Name _____
(Last)

(First)

(Middle)

Position _____

Date _____

1124 Washington Blvd.
Newcastle, Wyoming 82701
Phone: 307-746-4491
Fax: 307-746-3726



In healthcare, complete employment process may be 4-6 weeks due to required background checks.

(Please Print in Ink)

In considering your application for employment, Weston County Health Services may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

PERSONAL

LAST NAME	FIRST	MIDDLE	HOME TELEPHONE NO.
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
ANY PREVIOUS NAME(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:			BEST TIME TO CONTACT YOU:
			PREFERRED METHOD OF CONTACT:

POSITION APPLIED FOR:	SALARY DESIRED:	CHECK ALL YOU WOULD CONSIDER WORKING:	SHIFT AVAILABILITY (check all that apply)
HOW DID YOU LEARN ABOUT THIS POSITION? (NEWSPAPER, INTERNET, FRIEND, IF OTHER - PLEASE LIST)		FULL TIME <input type="checkbox"/>	DAYS <input type="checkbox"/>
DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>		PART TIME <input type="checkbox"/>	EVENINGS <input type="checkbox"/>
NAME:	DEPT:	PRN <input type="checkbox"/>	NIGHTS <input type="checkbox"/>
	RELATIONSHIP:	TEMPORARY <input type="checkbox"/>	

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?	ARE YOU 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	WOULD YOU CONSIDER WORKING:
ARE YOU A CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		WEEKENDS YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG RANGE OCCUPATIONAL GOALS:		HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>
		ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/>
		ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>
		ANY SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MISDEMEANOR TRAFFIC VIOLATION? YES NO
 IF YES, WHICH STATE(S) AND EXPLAIN: (You are not required to disclose any SEALED or EXPUNGED criminal records.)

HAVE YOU EVER BEEN INVOLVED IN THE SUBSTANTIATED ABUSE OR NEGLECT OF CHILDREN OR ADULTS UNDER THE LAWS OF WYOMING OR ANY OTHER STATE OF THE UNITED STATES? YES NO IF YES, WHICH STATE(S) AND EXPLAIN:

HAVE YOU BEEN SANCTIONED, CITED, REPORTED, OR EXCLUDED FROM PARTICIPATION IN MEDICARE, MEDICAID OR ANY OTHER HEALTHCARE RELATED LAW OR REGULATION? YES NO IF YES, EXPLAIN

If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law. However, not disclosing information will be considered falsification of this document and will disqualify you from employment consideration.

EDUCATION/SKILLS

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH			1	2	3	4		
COLLEGE			1	2	3	4		
COLLEGE			1	2	3	4		

OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing)

AREA(S) OF SPECIALIZATION OR MAJOR INTEREST:	LIST OFFICE SKILLS INCLUDING COMPUTER/SOFTWARE EXPERIENCE:

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:

A COPY OF CERTIFICATION OR DEGREE WILL BE REQUIRED AS CONDITION OF EMPLOYMENT.

PROFESSIONAL LICENSES: CURRENTLY LICENSED <input type="checkbox"/> ELIGIBLE FOR LICENSE <input type="checkbox"/> CURRENTLY REGISTERED <input type="checkbox"/> ELIGIBLE FOR REGISTRATION <input type="checkbox"/> TYPE: STATE: NO: DATE:	HAS YOUR LICENSE OR REGISTRATION EVER BEEN SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE ATTACH DOCUMENTS IF NECESSARY	PROFESSIONAL CERTIFICATIONS: CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION <input type="checkbox"/> TYPE: STATE: DATE:
PROFESSIONAL LICENSES: CURRENTLY LICENSED <input type="checkbox"/> ELIGIBLE FOR LICENSE <input type="checkbox"/> CURRENTLY REGISTERED <input type="checkbox"/> ELIGIBLE FOR REGISTRATION <input type="checkbox"/> TYPE: STATE: NO: DATE:	HAS YOUR LICENSE OR REGISTRATION EVER BEEN SUSPENDED, REVOKED OR ON PROBATION? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE ATTACH DOCUMENTS IF NECESSARY	PROFESSIONAL CERTIFICATIONS: CURRENTLY CERTIFIED <input type="checkbox"/> ELIGIBLE FOR CERTIFICATION <input type="checkbox"/> TYPE: STATE: DATE:

ALL SECTIONS MUST BE FILLED OUT COMPLETELY!! DO NOT PUT "SEE RESUME"

PREVIOUS EXPERIENCE

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME	SALARY: (Hr/Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____ DUTIES: _____

WHAT FACTORS WERE INVOLVED IN YOUR DECISION TO LOOK FOR EMPLOYMENT ELSEWHERE AND LEAVE THIS POSITION? _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO If no, give reason _____

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME	SALARY: (Hr/Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____ DUTIES: _____

WHAT FACTORS WERE INVOLVED IN YOUR DECISION TO LOOK FOR EMPLOYMENT ELSEWHERE AND LEAVE THIS POSITION? _____

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME	SALARY: (Hr/Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____ DUTIES: _____

WHAT FACTORS WERE INVOLVED IN YOUR DECISION TO LOOK FOR EMPLOYMENT ELSEWHERE AND LEAVE THIS POSITION? _____

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME	SALARY: (Hr/Mo/Yr)
JOB TITLE: _____				

EMPLOYER NAME: _____ PHONE: _____

ADDRESS: _____ DUTIES: _____

WHAT FACTORS WERE INVOLVED IN YOUR DECISION TO LOOK FOR EMPLOYMENT ELSEWHERE AND LEAVE THIS POSITION? _____

Briefly describe relevant duties and skills acquired through military or volunteer service: (Include dates)

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

REFERENCES

LIST AT LEAST THREE (3) PROFESSIONAL/WORK/SCHOOL REFERENCES, THAT WILL BE ABLE TO CONFIRM OR ATTEST TO YOUR WORK ETHIC, ATTITUDE, COMMITMENT, LEVEL OF RESPONSIBILITY, PROFESSIONALISM, ETC. RELATIVES OR PERSONAL FRIENDS ARE NOT ACCEPTABLE REFERENCES. DO NOT USE THE SAME REFERENCES FROM THE PREVIOUS PAGE.

NAME AND RELATIONSHIP	TITLE	COMPANY NAME	CONTACT TELEPHONE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening and background checks as condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

**WESTON COUNTY HEALTH SERVICES TERMS AND CONDITIONS OF EMPLOYMENT
IMPORTANT NOTICE
READ FULLY, INITIAL EACH PARAGRAPH**

_____ I understand that, if I am hired by WCHS, my employment, compensation and/or benefits can be terminated with or without cause, and with or without notice, at the option of either WCHS or myself.

_____ I recognize that WCHS may change, depart from, or contradict from any policies or procedures I may receive if hired by WCHS. I understand that no WCHS policy or procedure, including those in the employee handbook should be considered a promise on which I can rely to my detriment.

_____ I understand that no employee, manager, supervisor, officer or board member of WCHS has any authority to enter into any agreement or make any promises for employment for any specific period of time, or make any statements or promises contrary to this document, other than the Administrator.

_____ I understand that any promise or statement by the Administrator which contradicts this document must be in writing and signed by the Administrator to be enforceable.

_____ I understand that no course of dealing, conduct or statement verbal or written, which contradicts this document can constitute an express or implied contract regarding my employment, and I should not rely on any such conduct or statement.

APPLICANT'S STATEMENT

I hereby give Weston County Health Services the right to make a thorough investigation of my past employment, education and activities, which will include a criminal background check. I release from all liability all persons, companies and corporations supplying such information and indemnify Weston County Health Services against any liability which might result from making such investigation. I understand that any false answer or statement or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Applicant's Name (please print)

Applicant's Signature

Date