



Colorado West HealthCare System dba
Community Hospital
Application for Employment
Human Resources Department
2021 North 12th Street
Grand Junction, Colorado 81501
Phone: (970) 255-2123
Fax: (970) 255-2127
www.YourCommunityHospital.com

**We don't hire employees,
We select new members for our team.**

Name: _____
Last _____
First _____
Middle _____
Date: _____

This application is intended for use by Colorado West HealthCare System (CWHS). In compliance with Federal and State equal opportunity laws, applicants will not be unlawfully discriminated against based on race, color, religion, national origin, sex, veteran or military status, age, sexual orientation, disability or any other status protected by law or regulation. Provide only the information requested and complete all sections. Failure to do so may result in disqualification of your application.



PLEASE PRINT

Date: _____

Other Names Used: _____

Name: _____

Home Phone # _____

Last, First & Middle

Address: _____

Work Phone # _____

E-mail Address _____

Position(s) Desired: _____ Date Available: _____

Full-time Part-time Pool (PRN) Temporary

How did you learn about this opening?

- Advertisement: Which one? (please be specific) _____
- Walk-in Employment Agency Employee Referred
- Internet: What site? _____ Radio: What station? _____
- Friend Relative Other _____

Days, hours or shift requested:

List days of the week and hours of the day you are not available for work:

Will you work over 40 hours per week if required? Yes No

Hourly pay rate desired:

Are you age 18 or older? Yes No

If "No", please provide date of birth: _____

EDUCATION	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	SELECT 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	

JOB REQUIREMENTS

Complete this section only if you have been told the job qualifications and/or requirements.

I meet all required educational, experience and certification/license qualifications of the job. Yes No
If "No", what qualifications do you lack?

I have reviewed the essential job functions and state that I can perform these functions with or without reasonable accommodation.

SKILLS

Do you possess any special skills or training that would be relevant to the position for which you are applying?

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: _____

UNEMPLOYMENT RECORD

In the space provided, account for all periods of unemployment of two months duration or more until the date of this employment application. Give present or last unemployment first.

From

To

State what you were doing

Mo. _____ Yr. _____ Mo. _____ Yr. _____ _____

Mo. _____ Yr. _____ Mo. _____ Yr. _____ _____

Mo. _____ Yr. _____ Mo. _____ Yr. _____ _____

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

Name _____ Occupation _____ Years Known _____

Organization _____ Phone _____

Address _____ Email _____

City/State _____ Zip _____

Name _____ Occupation _____ Years Known _____

Organization _____ Phone _____

Address _____ Email _____

City/State _____ Zip _____

Name _____ Occupation _____ Years Known _____

Organization _____ Phone _____

Address _____ Email _____

City/State _____ Zip _____

OTHER INFORMATION

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

Have you ever been employed by CWHS? Yes No If Yes, when? _____

Do you have relatives employed by CWHS? Yes No If Yes, what name, relationship and department? _____

Have you ever been convicted of, or plead guilty to (this includes deferred judgments and no contest pleas) a crime, or subjected to court martial? (Do not include crimes for which public records are sealed or have been expunged) Yes No

If yes, identify the nature of the offense, county and state where convicted, date of conviction, sentence or fine imposed and any other particulars of the offense. (Convictions will not automatically disqualify a job candidate. The seriousness of the crime and date of conviction will be considered.) _____

If you are presently charged with committing a criminal offense, identify the nature of the offense, county and state where charges are pending, and the status of the charges. _____

Within the past 60 days, have you used marijuana, cocaine, narcotics, amphetamines, barbiturates, or other controlled substances that were not taken as prescribed to you by a physician? Yes No

Are you subject to layoff and subject to recall? Yes No

Do you have another job that you intend to keep if you become employed? Yes No
If yes, with whom and hours worked: _____

Are you a United States Citizen or legally authorized to work in the United States? Yes No

Have you ever been fired from a job or asked to resign? What was the reason given to you by the employer?

OTHER INFORMATION (continued)

Describe your long term career and salary goals:

Describe what you feel is most important in a job:

Which of your previous positions did you like best?

Which of the jobs did you like least?

Choose any company you have worked for and describe its attitude toward people:

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 Colorado West HealthCare System 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 Colorado West HealthCare System contacts, to provide Colorado West HealthCare System 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 Colorado West HealthCare System 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 Colorado West HealthCare System, as amended by Colorado West HealthCare System 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 Colorado West HealthCare System.** I understand that no employee or representative of Colorado West HealthCare System, other than its Board of Trustees, 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 Board of Trustees of Colorado West HealthCare System may not alter the at-will nature of the employment relationship unless the Board approves and signs a written document specifically and clearly indicating the intent to do so. I also understand that satisfactory completion of a criminal background check; post-offer, pre-employment drug screening and a post-offer pre-employment physical are conditions 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 will complete such forms as are required by Colorado West HealthCare System to complete a background check and the hiring process.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER

Colorado West HealthCare System

Employee Applicant Certification Statement

Federal Health Care Programs Exclusions and Sanctions Checks

Colorado West HealthCare System (CWHS) seeks to comply with all federal and state laws and regulations including the requirement not to employ sanctioned individuals. Pursuant to federal statute, CWHS may not employ any individual who:

Is currently excluded, suspended, debarred or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-procurement programs; or

Has been convicted of a criminal offense related to the provision of healthcare items or services [42 U.S.C. § 1320a-7(a)], but have not yet been excluded, debarred, suspended, or otherwise declared ineligible; or

Has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.

CWHS will perform an initial screening of all applicants against the DHHS/OIG List of Excluded Individuals / Entities and the General Service Administration's List of Parties Excluded from federal programs before making a offer of employment.

Please answer the following questions Yes or No:

_____ Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-procurement programs; or

_____ Have you been convicted of a criminal offense related to the provision of healthcare items or services, but have not yet been excluded, debarred, suspended, or otherwise declared ineligible; or

_____ Have you been convicted of a criminal offense related to the provision of health care items or services and have not been reinstated in the federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.

_____ Are you, to the best of your knowledge, under investigation or otherwise aware of any circumstances which may result in your being excluded from participation in the federal healthcare programs

Applicant Name (Print): _____

Applicant's Signature: _____

Date: _____

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF
A CONSUMER REPORT**

In connection with your application for employment, we may procure a Background Investigative Report and/or Background Report on you as a part of the process of considering your candidacy as an employee. In the event that information from the report is utilized, in whole or in part, in making an adverse decision with regard to our potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description, in writing, of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorized us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. The consumer report may include, but not be limited to, criminal history, verifications of employment and education, and driving records. A credit report detailing personal financial history will only be obtained for permissible purposes in consideration of jobs meeting specific criteria.

Applicant's Name: _____
(PLEASE PRINT)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Date of Birth: _____

EEOC Notice N-915.043 II states "a pre-employment inquiry on the part of the employer for information such as date of birth or state age on an application form is not, in itself a violation of the age discrimination in employment act (ADEA). The ADEA of 1967 prohibits discrimination in employment on the basis of age.

Driver's License Number: _____

State _____

CMKA Client # _____

To all Applicants:

The information requested above is used to assist in the completion of a background investigation and will be used for the sole purpose of identification when conducting a background investigation. The information will be maintained in a limited access file, detached from your application.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

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

MALE

FEMALE

POSITION APPLIED FOR

DEPARTMENT

RACE/ETHNIC CATEGORY (Please Select One)

Caucasian—Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American—Origins in any of the black racial groups of Africa.

Asian—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.

American Indian or Alaskan Native—Origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Hispanic or Latino—Origins in any the original peoples of Mexico, Puerto Rico, South or Central America or other Spanish culture.

Native Hawaiian or Pacific Islander—Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

REFERRAL SOURCE

- Advertisement
- Employment Agency
- Friend
- Other _____

- Walk-in
- Employee Referred
- Relative

Signature

Date