



CopperView
Medical Center



APPLICATION FOR EMPLOYMENT

DATE: _____

PERSONAL INFORMATION (PLEASE PRINT)

Name: _____ SSN: _____
Last First MI

Address: _____
Number Street Apt No. City State Zip Code

Phone _____ Alt Phone _____ Email Address _____

Minimum Acceptable Wage: \$ _____

Have you ever pled guilty to or been convicted of any crime other than a misdemeanor or minor offense? Y / N
 (An affirmative answer will not automatically disqualify you from employment.) If yes, please give details of offense:

EDUCATION

HIGH SCHOOL Name / Location of School	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> None
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COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL				
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE	COURSE OF STUDY	TYPE OF DEGREE EARNED

LICENSURE OR CERTIFICATION (EXAMPLES: CPR, MA, CMA, LPRT, ETC)				
NAME OF LICENSURE OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	STATE OF LICENSURE

PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Job Title: _____

Supervisor's Name: _____ Phone Number: _____

From: ____/____/____ To: ____/____/____ Hours per week: _____ Ending Salary: _____
Month Day Year Month Day Year

Duties and Responsibilities: _____

Reason for leaving: _____

2 Name of Present or Last Employer: _____

Address: _____ Job Title: _____

Supervisor's Name: _____ Phone Number: _____

From: ____/____/____ To: ____/____/____ Hours per week: _____ Ending Salary: _____
Month Day Year Month Day Year

Duties and Responsibilities: _____

Reason for leaving: _____

3 Name of Present or Last Employer: _____

Address: _____ Job Title: _____

Supervisor's Name: _____ Phone Number: _____

From: ____/____/____ To: ____/____/____ Hours per week: _____ Ending Salary: _____
Month Day Year Month Day Year

Duties and Responsibilities: _____

Reason for leaving: _____

CopperView Medical Center Hours

Monday thru Friday 8:00 AM to 10:00 PM

Saturday and Sunday 10:00 AM to 8:00 PM

We are open all days of the year, with shortened hours on company recognized holidays.

Please indicate below which hours and what days you are available for work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Applicant Statement

I authorize inquiries of any person, educational institution, or organization to verify information pertinent to my application for employment at CopperView Medical Center. I understand and agree that this application becomes property of CopperView Medical Center, and that any false statements or false answers on this application form or any supplements thereto may result in cancellation of my application or an immediate dismissal if subsequently employed.

Printed Name

Signature

Date