



Employer _____	Salary _____	<i>Length of Experience</i>	
City/State: _____	Phone # _____	From: _____ to _____	
Supervisor: _____	Reason for leaving: _____	Total: _____ Years _____ Months	
Position Title _____		Full time _____ Yes _____ No	
Did you supervise others? _____ Yes _____ No	If so, how many supervised? _____	Part time _____ (#hrs/week)	
Major Duties/Activities: _____			

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) _____	Reason _____
_____	_____

**References**

(Please do not include relatives or former employers)

- |                  |                   |
|------------------|-------------------|
| Name _____       | Years Known _____ |
| Address _____    | Telephone _____   |
| Occupation _____ |                   |
- |                  |                   |
|------------------|-------------------|
| Name _____       | Years Known _____ |
| Address _____    | Telephone _____   |
| Occupation _____ |                   |
- |                  |                   |
|------------------|-------------------|
| Name _____       | Years Known _____ |
| Address _____    | Telephone _____   |
| Occupation _____ |                   |

**Salary/Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ per \_\_\_\_\_

I certify that all information given on this application, supporting documents, and interviews are correct to the best of my knowledge. I understand that giving false information may disqualify my application or result in termination. I understand that refusal to allow a background check will disqualify my application for employment. I understand that this application is not a contract of employment and that employment by CHCCW is at will. I agree that the CHCCW may require my participation in retirement plans while employed. I further authorize the CHCCW to investigate all statements made on my application for employment. I authorize such educational institutions and employers and others (and their agents or employees) to respond to questions concerning information given on this application and I further release from liability CHCCW, such former employers, institutions, or persons providing such information. I understand that no offer or benefits such as insurance, vacation or salary rate is final until approved by the Human Resources Department. I will be required to serve an orientation period during which time I may be terminated in accordance with CHCCW policy. Federal law prohibits the employment of unauthorized aliens.

All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, social security card, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





COMMUNITY  
HEALTH CENTER



### Designation and Authorization for Release and Redislosure of Information

In connection with my application for employment with Community Health Center of Central Wyoming, Inc., hereby known as "Hiring Entity", I understand that investigative reports may be requested that will include information as to my character, general reputation, personal characteristics, and mode of living, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, private and insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor; institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the national Personnel Records Center, personal references; and/or other persons to give records or information they may have concerning information requested as part of the background investigation. I voluntarily and knowingly unconditionally release any named or unnamed informant from all liability resulting from the furnishing of this information. A photocopy of this Designation and Authorization for Release and Redislosure of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Hiring Entity or Hospital Services Corporation (HSC) and is received within one year of the signature date.

If I am denied employment, either wholly or partly, because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. If the report contains information about me that is a matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and address of any person to whom the information is reported.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

**Please write legibly and complete the following:**

APPLICANT INFORMATION					
_____ Last Name	_____ First Name	_____ Middle Name or Initial	_____ Social Security Number		
_____ Maiden Name	_____ Other Names, Nicknames or Aliases used		_____ Date of Birth (Month/Day/Year)		
_____ Present Address	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long?
_____ Previous Address (Within last 7 years)	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long?
_____ Previous Address (Within last 7 years)	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long?
_____ Driver's License Number	_____ State Issued	_____ Expiration Date	_____ Operator	_____ Commercial (CDL)	