

# DELTA COUNTY MEMORIAL HOSPITAL

P. O. Box 10100, 1501 E. Third Street  
Phone 970-874-6406 or 970-874-2264  
Email: [personnel@deltahospital.org](mailto:personnel@deltahospital.org)

Delta, Colorado 81416  
Fax Number 970-874-2290  
Web Site: [www.deltahospital.org](http://www.deltahospital.org)

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY in ink and answer ALL questions.)

Thank you for your application. **Omission on this application shall be sufficient cause for reconsideration of employment.** Applications will be active a reasonable period of time and, after that time, must be resubmitted for vacancies.

Application Date _____	Position for which applied _____		
Name _____ (First, Middle & Last)	Social Security _____		
Address _____ (Number & Street)	City _____		
State _____	Zip Code _____	Telephone _____	Mobile Phone _____

Shifts you are available to work:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> PRN	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Day	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends

How were you referred to Delta County Memorial Hospital? _____
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Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with Delta County Memorial Hospital before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which department & position: _____
Your name and date when employed: _____
Do you have any relatives currently employed at Delta County Memorial Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, under what name, relationship, and department?

Medical terminology course <input type="checkbox"/> Yes <input type="checkbox"/> No	Typing speed _____ W.P.M.	Number of errors _____	
Transcription <input type="checkbox"/> Yes <input type="checkbox"/> No	Speed _____ W.P.M.	Bookkeeping <input type="checkbox"/> Yes <input type="checkbox"/> No	Data entry <input type="checkbox"/> Yes <input type="checkbox"/> No

License and/or Certification		
Are you currently registered, licensed or certified to practice in the state of Colorado? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Profession _____	Number _____	Expiration Date _____
Have you ever had a license or registry suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____	

**Employment History -- Begin with your most recent employment and continue with all past employment (attach an additional sheet if necessary.) Account for all periods of time including military service and any periods of unemployment.**

Employer Name	Dates (Month/Year)
Address	From _____ To _____ Final Salary \$ _____
City _____ State _____	Briefly describe your duties:
Position/Job Title	
Name of Supervisor	
Phone ( _____ )	
Reason for leaving	
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Dates (Month/Year)
Address	From _____ To _____ Final Salary \$ _____
City _____ State _____	Briefly describe your duties:
Position/Job Title	
Name of Supervisor	
Phone ( _____ )	
Reason for leaving	
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Dates (Month/Year)
Address	From _____ To _____ Final Salary \$ _____
City _____ State _____	Briefly describe your duties:
Position/Job Title	
Name of Supervisor	
Phone ( _____ )	
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May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Dates (Month/Year)
Address	From _____ To _____ Final Salary \$ _____
City _____ State _____	Briefly describe your duties:
Position/Job Title	
Name of Supervisor	
Phone ( _____ )	
Reason for leaving	
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of a crime or violation other than a minor traffic infraction?  Yes  No

(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into consideration.)

If yes, please explain: \_\_\_\_\_

Have you ever been discharged from any employment or asked to resign?  Yes  No

If yes, please explain: \_\_\_\_\_

EDUCATION SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA/ DEGREE
HIGH SCHOOL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE EDUCATION			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE EDUCATION			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER SPECIALIZED COURSES			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify all information in this employment application is true and complete. In understand any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

**Employment with DCMH is at-will. Either the employee or management has the right to terminate the employment at any time, for any reason. The language used in the application and any verbal statements by management are not intended to constitute a contract of employment, either expressed or implied, nor is there a guarantee of employment for any specific duration. No representative of DCMH, other than the president of the organization, has the authority to enter into an agreement of employment for any reasonable specified period and such agreement must be in writing, signed by the president and the employee.**

**I have read, understand, and my signature consent to these statements.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

