



Application for Employment



COMMUNITY DISTRICT HOSPITAL

1017 West 7th Street • Wray, Colorado 80758
Phone (970) 332-4811 • Fax (970) 332-4017

PERSONAL INFORMATION

Name _____ Social Security Number _____
Last First Middle

Present Address _____ Phone Number _____
Street City State Zip Code

Permanent Address _____ Phone Number _____
Street City State Zip Code

If you cannot be reached at above phone number, where may we contact you? Phone _____ Name of Person _____

EMPLOYMENT DESIRED

| Type of Work Desired | Shift | Salary |
|----------------------|-------|--------|
| First Choice | | |
| Second Choice | | |

How Did You Learn Of This Opening? _____

Will You Accept Employment of: Full time Part time Temporary

Date Available _____ If Under 18 Yrs. of Age, Do You Have a Work Permit? Yes No

EDUCATION/TRAINING

| School | Name and Address of School | Courses Taken | Did You Graduate? | Diploma, Degree, or Certificate Received |
|------------------------|----------------------------|---------------|--|--|
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | |
| College | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / / | |
| | | | | |
| Lab or X-Ray Training | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / / | |
| | | | | |
| Other Classes/Training | | | | |

Extracurricular Activities While in School _____

Area of Specialization or Major Interest _____

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

| Type | Organization or State Issued | Date Issued | Number | Verif. |
|------|------------------------------|-------------|--------|--------|
| Type | Organization or State Issued | Date Issued | Number | |
| Type | Organization or State Issued | Date Issued | Number | |

MILITARY RECORD

| Military Branch | Entry Rank | Separation Rank | Separation Date(s) | Military Occupational Specialty |
|-----------------|------------|-----------------|--------------------|---------------------------------|
| | | | | |

Specialized Training: _____

List Service Awards, Commendations: _____

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

| | | | | | | |
|--|---------------------------------------|-----------------|---------------|----|-------|------|
| Company Name | Dates Employed | Month | Year | To | Month | Year |
| | From | | | | | |
| Address (Street, City, State, Zip Code) | Phone | Starting Salary | Ending Salary | | | |
| | | \$ | \$ | | | |
| Position Title | Immediate Supervisor's Name and Title | | | | | |
| Job Description & Responsibilities: | | | | | | |
| | | | | | | |
| May we contact for reference? | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Company Name | Dates Employed | Month | Year | To | Month | Year |
| | From | | | | | |
| Address (Street, City, State, Zip Code) | Phone | Starting Salary | Ending Salary | | | |
| | | \$ | \$ | | | |
| Position Title | Immediate Supervisor's Name and Title | | | | | |
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| | | | | | | |
| May we contact for reference? | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Company Name | Dates Employed | Month | Year | To | Month | Year |
| | From | | | | | |
| Address (Street, City, State, Zip Code) | Phone | Starting Salary | Ending Salary | | | |
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| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Company Name | Dates Employed | Month | Year | To | Month | Year |
| | From | | | | | |
| Address (Street, City, State, Zip Code) | Phone | Starting Salary | Ending Salary | | | |
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| | | | | | | |
| May we contact for reference? | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Company Name | Dates Employed | Month | Year | To | Month | Year |
| | From | | | | | |
| Address (Street, City, State, Zip Code) | Phone | Starting Salary | Ending Salary | | | |
| | | \$ | \$ | | | |
| Position Title | Immediate Supervisor's Name and Title | | | | | |
| Job Description & Responsibilities: | | | | | | |
| | | | | | | |
| May we contact for reference? | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

