



West Valley Hospital

An Affiliate of Abrazo Health Care

Abrazo Health Systems, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE COMPLETING THIS APPLICATION

It is the policy of Abrazo Health Systems, Inc. to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, sex, age, sexual orientation, national origin, disability or handicap, or veteran status.

This application will be given every consideration, but its receipt does not imply that there are any positions open, or that an applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by Abrazo Health Systems, Inc. will be considered for employment. Should more than one qualified person make application, Abrazo Health Systems, Inc. reserves the right to select the applicant, in its opinion, with the best qualifications.

A clear understanding of your background and work history will aid us in assessing your qualifications. An incomplete application will be rejected. Please PRINT all information in a legible form using ink.

Name

Last

First

Middle

Other names used in prior employment: _____

Are you at least 18 years of age?

(Circle)

Yes

No

Present
Address:

Number

Street

City

State

Zip

How long have you lived at this address? _____

Telephone Number:

Area Code

Number

Social Security No. _____

Position Applied For: _____

Full Time _____

Part Time _____

Shift Preference (Circle)

Days _____

Evenings _____

Nights _____

Any _____

Are you able to perform all the job-related functions of the job?

Yes _____

No _____

If no, please describe _____

Have you ever been convicted of a felony? _____

If yes, please explain _____

(Conviction of such a crime does not constitute an absolute bar to employment)

Name and phone number of person to notify in case of emergency _____

EDUCATION

School	Name & Address of School	Year Graduated College or Other	Highest Grade Completed	Course of Study	Diploma or Degree
High School					
College					
Other (Specify)					

Have you served in the U.S. Armed Forces? Yes No

Did you receive any special training? _____

If so, explain _____

For Administrative Personnel:

Typing _____ wpm Shorthand _____ wpm Dictating Equipment _____ wpm 10 Key _____

With what software are you proficient?

Word Processing: Word Perfect _____
 Microsoft Word _____
 Other _____

Worksheet: Lotus 123 _____
 Microsoft Excel _____
 Other _____

For Professional Personnel Only:

Shift Availability (check one) Day Evening Night

Licensed As:

State _____ Current License No. _____
 State _____ Current License No. _____
 State _____ Current License No. _____

Have any license privileges been suspended or revoked?

If so, why and where? _____

EMPLOYMENT RECORD

Starting with Present or Most Recent, list all previous employers. Include self-employment, summer, part-time jobs and any period of unemployment. If you need more space, please continue on a separate sheet. Please indicate any change of name or assumed name used in work experiences. Any gaps in information will cause this to be rejected as an incomplete application.

1.

Name & Address of Company:	Employed from _____ to _____
	Position Held _____
	Name of Supervisor _____
	Description of Duties _____
Phone: _____	
Ending Salary \$ _____	
Reason for leaving _____	

2.

Name & Address of Company:	Employed from _____ to _____
	Position Held _____
	Name of Supervisor _____
	Description of Duties _____
Phone: _____	
Ending Salary \$ _____	
Reason for leaving _____	

3.

Name & Address of Company:	Employed from _____ to _____
	Position Held _____
	Name of Supervisor _____
	Description of Duties _____
Phone: _____	
Ending Salary \$ _____	
Reason for leaving _____	

4.

Name & Address of Company:	Employed from _____ to _____
	Position Held _____
	Name of Supervisor _____
	Description of Duties _____
Phone: _____	
Ending Salary \$ _____	
Reason for leaving _____	

If you are now employed, may we contact your employer?

Yes _____ No _____

Have you previously worked for Abrazo Health Systems, Inc.?

_____ If so, when and where? _____

If presently employed, why do you desire to change your position? _____

PERSONAL REFERENCES

Name of Three Persons, Not Relatives, Who May Be Contacted at The Present Time.

Name	Address	Telephone Number	Occupation

I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested.

In the event of my employment to a position at Abrazo Health Systems, Inc., I will comply with all rules and regulations as set forth in Abrazo Health Systems, Inc.'s policy manual or other communications distributed to all employees. If a job offer is made, I agree to complete a health evaluation which may include a physical examination by a doctor selected by Abrazo Health Systems, Inc. (at Abrazo's expense). Additionally, I authorize Abrazo Health Systems, Inc. to supply my employment record in whole or in part to only those agencies having legal and proper interest. Also, in the event of my employment by Abrazo Health Systems, Inc., I grant permission to use my photograph in connection with its advertising and public relations programs.

I hereby certify that I have read all the above statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions may be grounds for refusal to hire, or for immediate dismissal. I certify that I am at least 18 years old and am legally authorized to work in the United States.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Abrazo Health Systems, Inc. (West Valley Hospital) and myself for either employment or the providing of any benefit. I further understand that if I am employed by Abrazo Health Systems, Inc. or subsidiaries, that my employment will be for no definite term (at-will) and that either I, or West Valley Hospital, will have the right to terminate the employment relationship at any time, with or without cause. I also understand that this status can only be altered by a written contract of employment which is specific to all material terms and is signed by me and the Chief Executive Officer of West Valley Hospital.

I understand that as a condition to this application and any employment with Abrazo Health Systems, Inc. I may be required to submit to testing for the presence of drugs or alcohol. I hereby consent to such testing. I further acknowledge that no promises regarding employment have been made to me, and that no promise or guarantee is binding upon West Valley Hospital unless made in a written contract of employment as described above.

I understand that as a condition to this application and any employment with Abrazo Health Systems, Inc. that WVH is a smoke free work place and violation of the smoke free policy can lead to termination of my employment.

Applicant's Signature

Date