

Moab Regional Hospital Application for Employment

An Equal Opportunity Employer



Moab Regional Hospital considers applications for all positions without regard to race, color, religion, creed, gender or gender identity, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Name:

Date:

Last

First

Address:

Street

City

State

Zip

Phone

Email:

Position applied for:

Desired wage:

How you learned about this position:

Date available for work:

Type of work: ___ part time ___ full time

Time of day available: ___ mornings ___ afternoons ___ nights

Please answer 'yes' or 'no' to all of the following questions:

Are you at least 18 years old? _____

If hired, can you provide proof that you are authorized to work in the U.S.? _____

Are you able and willing to work overtime, if necessary? _____

Would you work extra days in the week, if necessary? _____

Have you ever worked for or applied to work with MRH? _____ If 'yes', when? _____

Do any of your friends or relatives work here? _____ If 'yes', who? _____

Are you now or do you expect to be engaged in any other employment or schooling? _____

Do you have any commitments that may conflict with potential MRH employment? _____

If you answered 'yes' to either of the above two questions, please explain: _____

Employment Record

Please start with your current or most recently employment.

Employer:		Phone:	
Address:			
Job Title:	Date Employed From:	To:	
Supervisor:	Wages Starting:	Ending:	
Primary Duties:			
Reason for Leaving:			

Employer:		Phone:	
Address:			
Job Title:	Date Employed From:	To:	
Supervisor:	Wages Starting:	Ending:	
Primary Duties:			
Reason for Leaving:			

Employer:		Phone:	
Address:			
Job Title:	Date Employed From:	To:	
Supervisor:	Wages Starting:	Ending:	
Primary Duties:			
Reason for Leaving:			

Employer:		Phone:	
Address:			
Job Title:	Dates Employed From:	To:	
Supervisor:	Wages Starting:	Ending:	
Primary Duties:			
Reason for Leaving:			

If you need additional space, please continue on a sheet of paper.

Professional References

Please do not provide friends or family members for references.

Name	Phone
Relationship	Years Known

Name	Phone
Relationship	Years Known

Name	Phone
Relationship	Years Known

Applicant Agreement: Please read carefully before signing.

I certify that all information provided here by me is true and complete to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or, if employed, may result in subsequent dismissal.

I understand all statements contained in this application for employment may be investigated as a necessary step in arriving at an employment decision. I hereby authorize any former employer, person, school, firm or corporation listed hereon, including Moab Regional Hospital, to answer any and all questions related to employment and agree to release from liability and hold all persons harmless for giving any and all truthful information within their knowledge or records.

I understand this is a preliminary application and not a contract to employ me. In the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or Moab Regional Hospital (also known as "at will" employment). I understand that, if hired, no one other than the CEO has authority to enter into any employment agreement to the contrary.

Printed name: _____

Signature: _____

Date: _____

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