



"A Great Place to Work"
An Equal Opportunity Employer

Position Applied For: _____ / ____ / ____
Date of Application

Referred by: _____

Name _____
First Last Phone number

Address _____
Street City State Zip

We do not discriminate on the basis of race, color, religion, gender, age, marital or veteran status, disability, or any other legally protected status. All applicants will be given equal opportunity and selections will be based on job-related factors.

Have you ever been employed at Yuma District Hospital?	YES	NO
Are you 18 years old or older ?	YES	NO

*Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?
 Yes _____ NO _____ Proof of citizenship or immigration status will be required upon employment.*

Date you are available to begin work if hired: ____/____/____

Are you available to work: Full-time _____ Part-Time _____
 Days _____ Evening _____ Nights _____

Educational Background:

Educational Institution	Name of School/Address	Diploma/Degree Major
High School/GED		
College		
Vocational		

Employment History:

Account for all periods of time, including military services and periods of unemployment. A resume may be attached but cannot replace this section. Please provide complete names and addresses.

- *List most recent employer first.*
- *Employment may be contingent upon references from current and former employers.*

Employer Name Address & Phone Number	Start Date	End Date	Position Title	Reason For Leaving

May we contact your present employer? Yes _____ No _____

List Two Personal References - Not Relatives or Employers

Name	Address	Phone #

IMPORTANT: PLEASE READ THE STATEMENT AND SIGN BELOW BEFORE SUBMITTING YOUR APPLICATION.

I hereby certify that the facts set forth on my application for employment are true and complete, and I authorize the Yuma District Hospital and its agents to investigate any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide the Yuma District Hospital with any information that it requests in connection with this application. I hereby release all of these persons and institutions and the Yuma District Hospital from any and all liability for any damages arising from the investigation. I understand that, if employed, false statements on this application or omissions of material information may result in my termination. If employed, I agree to abide by all Yuma District Hospital rules and regulations as they now or may exist.

I understand that my employment is contingent upon my successful completion of a pre-employment, post offer, physical examination which may include drug testing. I further understand that, within the time frame specified by the Yuma District Hospital, I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States.

I understand and agree that, if employed, either the Yuma District Hospital or I will be free to terminate the employment relationship at any time, without cause and without notice. I understand and agree that this writing shall constitute the entire agreement between the Yuma District Hospital and me on the subject of the length of my employment, and the circumstances under which it may be terminated, and that there are no oral or collateral agreements pertaining to these issues. I also understand and agree that no representative of the Yuma District Hospital, other than its Chief Executive Office, has the authority to enter into any future agreement, either express or implied, restricting in any way the Yuma District Hospital's right to terminate employment and, that to the extent the Chief Executive Officer enters into such a future agreement, it may only be in writing.

In the event that I am dissatisfied or disagree with any action or failure to act by the Yuma District Hospital, its employees, agents or representatives, I agree to submit the matter to the Yuma District Hospital's grievance and arbitration procedure for final and binding resolution and will not initiate a law suit, thereby waiving any right I might have to a jury trial.

I do understand that excellent customer service is an expectation of employment at Yuma District Hospital. By signing this application, I agree to give excellent customer service, internally as well as externally.

Social Security Number

Driver License Number and State Issuing License

Signature of Authorization

Date

_____/_____/_____