

### INSTRUCTIONS

Print or Type: These instructions must be followed exactly. Fill out application form completely. If questions are not applicable enter "NA". **Do not leave questions blank.** Be sure to sign when completed. Roosevelt General Hospital is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, ancestry, religion, age or disability in employment. You may make copies of this application and enter different position titles. **Please return application to Roosevelt General Hospital, Office of Human Resources.**

### APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Salary	
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Proof of eligibility will be required upon employment</b>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Employment desired	F/T <input type="checkbox"/> P/T <input type="checkbox"/> PRN <input type="checkbox"/>

List any relatives currently working at RGH

### EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

### REFERENCES

*Please list three professional references.*

Full Name		Relationship
Company		Phone
Address		
Full Name		Relationship



# Roosevelt General Hospital

## *Employment Application*

Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>DISCLAIMER AND SIGNATURE</b>			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date

### AFFIRMATIVE ACTION VOLUNTARY INFORMATION

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **strictly voluntary and confidential**. Failure to provide will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

### APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	

### REFERRAL SOURCE

How did you learn about this job? (Please check only one)

<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Referral by current employee	<input type="checkbox"/> Internet/Website
<input type="checkbox"/> Radio	<input type="checkbox"/> Advertisement – Source _____		<input type="checkbox"/> Other

### ETHNIC BACKGROUND

What is your ethnicity? (Please check only one)

<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
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What is your race? (Please check all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> American/Indian/Alaskan Native		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	

### HANDICAP/PHYSICAL LIMITATIONS

Do you consider yourself to be handicapped or disabled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any physical limitations that without reasonable accommodations could affect your ability to successfully perform the functions of the job you are applying for?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, please explain:		



## *Agreement, Authorization, Waiver and Release*

### *Applicant Certification*

I hereby certify that the information contained in this application is true, accurate and complete, to the best of my knowledge and belief. I understand and agree that any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of my application or for termination of my employment. Failure to provide all or part of the information requested may result in the refusal of Roosevelt General Hospital (RGH) to further consider me for possible employment.

### *Authorization for Reference Checks*

I hereby authorize RGH and its agents to investigate my work history and education history and to conduct personal inquiries. I will send a copy of this Agreement and Authorization to each individual or entity from whom a reference form is requested (print three (3) copies of the Agreement and Reference form). **At least one reference check must be from current and/or previous employer(s).**

### *Waiver and Release as to Reference Checks*

I hereby authorize the party receiving a copy of this signed form (including a photocopy or facsimile copy) to provide and release complete information as may be requested, and I hereby waive any claim of confidentiality I might have with regard to such information. I hereby release any person or entity providing information or records in accordance with this Agreement, Authorization, Waiver, and Release from any and all claims or liability for compliance.

I am also waiving any right of action, cause of action, or other means of redress I may have against any person or entity supplying employment-related information – including but not limited to: information concerning my background, work history, and disciplinary history – to RGH.

### *Criminal Background Checks*

I understand and agree that if I am considered as a finalist for, or I am actually recommended for or offered employment, I will submit to a criminal background investigation, including mandatory fingerprinting to determine my acceptability for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with RGH, but pursuant to the Criminal Offender Employment Act of New Mexico (NMSA 1978, §28-2-1, *et seq.*), such convictions may be the basis for refusing employment. I understand that any employment offer is contingent upon, and expressly subject to, the satisfactory completion of all background checks.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**Give this form to the person giving the recommendation  
and have them return the form directly to**

Roosevelt General Hospital  
Human Resources  
PO Drawer 868  
Portales, NM 88130  
Fax – 575-359-1311

The individual listed below has applied for a position with Roosevelt General Hospital. Please assist this applicant by completing Part II of this form and returning it to the above address or fax number.

**Part I – To be completed by applicant**

Name \_\_\_\_\_

Position applying for \_\_\_\_\_

I hereby grant permission to complete this evaluation form based on your knowledge of my background. I further understand that the information provided will become property of RGH and shall not be returned to me.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II – To be completed by evaluator**

Applicant's position \_\_\_\_\_ Full time  Part time  Temporary

Dates of service: From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Is he/she eligible for re-hire? Yes  No

<b>Qualifications:</b>	<b>Exceeds Standards</b>	<b>Meets Standards</b>	<b>Needs Improvement</b>	<b>Not Satisfactory</b>	<b>Not Observed</b>
Character and moral standards					
Quality of work					
Cooperation with other employees					
Cooperation with supervisors					
Customer service skills					
Ability to perform job responsibilities					
Reliability and dependability					
Attendance record					

The information given on this applicant is based on:

Worked under my supervision  Co-worker  Personal acquaintance

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Person Completing Reference \_\_\_\_\_



## Hospital Services Corporation Background Investigation Services

### Designation and Authorization for Release and Redislosure of Information

In connection with my application for employment with \_\_\_\_\_, hereby known as "Hiring Entity", I understand that investigative reports may be requested that will include information as to my character, general reputation, personal characteristics, and mode of living, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, private and insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor; institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the national Personnel Records Center, personal references; and/or other persons to give records or information they may have concerning information requested as part of the background investigation. I voluntarily and knowingly unconditionally release any named or unnamed informant from all liability resulting from the furnishing of this information. A photocopy of this Designation and Authorization for Release and Redislosure of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Hiring Entity or Hospital Services Corporation (HSC) and is received within one year of the signature date.

If I am denied employment, either wholly or partly, because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. If the report contains information about me that is a matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and address of any person to whom the information is reported.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

**Please write legibly and complete the following:**

APPLICANT INFORMATION						
_____ Last Name	_____ First Name	_____ Middle Name or Initial	_____ Social Security Number			
_____ Maiden Name		_____ Other Names, Nicknames or Aliases used			_____ Date of Birth (Month/Day/Year)	
_____ Present Address	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long?	
_____ Previous Address (Within last 7 years)	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long?	
_____ Previous Address (Within last 7 years)	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long?	
_____ Driver's License Number	_____ State Issued	_____ Expiration Date	<b>Operator</b>		<b>Commercial (CDL)</b>	