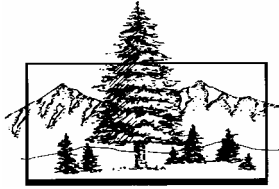


EMPLOYMENT APPLICATION



**MONTROSE
MEMORIAL
HOSPITAL**
*A NOT FOR PROFIT
REGIONAL MEDICAL CENTER*

Montrose Memorial Hospital
800 South Third Street
Montrose, CO 81401
(970)240-7395

Montrose Memorial Hospital is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment on the basis of race, color, religion, sex, national origin, age, disability as defined by law, or on the basis of age as defined by Federal and Colorado law. No question on this application is intended to secure information to be used for such discrimination.

Social Security Number _____ Position You Desire _____

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Earliest date available for employment? _____

NAME Last First Middle

ADDRESS

TELEPHONE NUMBER

How did you hear about our job opportunities? _____

Type of employment you want Shift desired
[] Full Time [] Part Time [] Temporary [] Summer [] Days [] Evenings [] Nights

Are you 18 years old or older [] Yes [] No

Education: Name the highest grade completed _____

Name and Location of _____

High School _____

College or University _____

Specialized Education _____

Have you ever been convicted by law of any violations (except minor traffic accidents)? [] Yes [] No

Have you ever been employed at Montrose Memorial Hospital? [] Yes [] No When? _____

If hired, can you furnish proof you are eligible to work in the United States? [] Yes [] No

Professional Licenses and Registrations

Your Colorado Professional, Vocational, Certification Number _____

Expiration date _____

Was or has your license ever been revoked, suspended, voluntarily relinquished or have you ever been disciplined by a licensing authority? _____

List the names of employers, full time, part time, in consecutive order, with present employer first. Account for all periods of time including military service and any periods of unemployment. If self employed, give name of firm and supply business references. Please give both month and year of employment. Attach a separate sheet if needed.

Name of employer _____ Phone No. _____
Address _____ City _____ State _____ Zip _____
Employed from ____/____/____ to ____/____/____ Starting Pay _____ Final Pay _____
Supervisor's Name _____ Title _____
Reason for Leaving _____
Title and Duties (briefly summarize) _____

Name of employer _____ Phone No. _____
Address _____ City _____ State _____ Zip _____
Employed from ____/____/____ to ____/____/____ Starting Pay _____ Final Pay _____
Supervisor's Name _____ Title _____
Reason for Leaving _____
Title and Duties (briefly summarize) _____

Name of employer _____ Phone No. _____
Address _____ City _____ State _____ Zip _____
Employed from ____/____/____ to ____/____/____ Starting Pay _____ Final Pay _____
Supervisor's Name _____ Title _____
Reason for Leaving _____
Title and Duties (briefly summarize) _____

I hereby authorize Montrose Memorial Hospital to contact all employers listed, including my present employer _____
Please indicate if there are any employers you do not want contacted _____

List any skills you have that apply to the position for which you are applying.

1. _____ 2. _____ 3. _____

List any experience you have to operate specialized hospital equipment or any licenses you have to operate specialized hospital equipment.

1. _____ 2. _____ 3. _____

Please read carefully before signing:

- v I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
- v I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- v I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-employment or post-offer drug screen as a condition of employment, if required.
- v I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical agility examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
- v **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NO GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CEO OF THE MONTROSE MEMORIAL HOSPITAL HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CEO AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOPUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature

Date