



BONNER GENERAL HOSPITAL

P.O. Box 1448 • 520 North Third Ave.
Sandpoint, ID 83864-0877
Website: www.BonnerGeneral.org
PHONE: (208) 265-1044 FAX: (208) 265-1047

Affiliate - VHA/Mtn. States
Affiliate of the Voluntary
Hospitals of America System.

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Thank you for your interest in employment with Bonner General Hospital. To better process your application, please provide all information requested; you may supply additional information (i.e. education, work history, résumé, license, or certifications) which may be valuable during our screening and hiring process. Please type or print clearly all information.

Date: _____

PERSONAL DATA

Name _____
Last First Middle

Preferred Name _____

Mailing Address _____ ()
Mailing Preferred Contact Phone Number
_____ ()
City State Zip Additional Phone Number

Email Address _____

POSITION(S) DESIRED

Title: _____ Job # _____ Title: _____ Job # _____
(First Choice) (Second Choice)

Have you performed this work before? Yes No Have you performed this work before? Yes No

Full-time Part-time Occasional Salary Requirement: _____
 Temporary If temporary, indicate which months available: _____

Please tell us where you heard about the position you are applying for:

- BGH Website BGH Job Board Indeed.com
- Idaho Commerce & Labor (Job Service) Careerbuilder.com Personal Referral
- Bonner County Daily Bee Other Internet Job Board: _____ (Please be specific) Other: _____ (Please be specific)
- Spokesman Review Healthcare Publication: _____ (Please be specific)
- Other Newspaper: _____ (Please be specific)

AVAILABILITY

Indicate shift(s) you are available to work: 1st Shift - days 2nd shift - evenings 3rd shift - nights

First date available for work: _____

Will you rotate shifts? Yes No Will you work weekends? Yes No

Indicate days you are available for work:
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you have the legal right to be employed in the United States? Yes No

If offered a position, the Immigration Reform & Control Act of 1986 requires you to furnish proof of your employment authorization and your identity before you can begin work.

Do you have any relatives employed here? Yes No If yes, please indicate name(s), relationship and their position.

Have you been previously employed here? Yes No If yes, give dates: _____

Have you previously interviewed for employment here? Yes No If yes, for what position(s) and when:

Have you ever been convicted of any criminal offense (misdemeanor or felony) or are there any charges pending against you?
 Yes No If yes, explain fully: _____

If applying for the position of Registered Nurse, Licensed Practical Nurse, Pharmacist, or Pharmacy Technician please answer the following question:

In the past 3 years, have you ever knowingly used any controlled substances, including narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician? Yes No

If yes, explain fully: _____

(A "yes" answer to these questions will not necessarily bar the applicant from employment.)

CHECK THE TRAINING AND/OR EXPERIENCE AREAS WHICH MAY QUALIFY YOU FOR THE POSITION(S) DESIRED:

BUSINESS/CLERICAL	SERVICE AREAS	PATIENT CARE SKILLS
<input type="checkbox"/> Typing/Keyboard _____ wpm	<input type="checkbox"/> Floor Care Machines	<input type="checkbox"/> Infection Control
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Patient Tray Line	<input type="checkbox"/> Vital Signs
<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Cafeteria Serving	<input type="checkbox"/> Bedside testing
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Quantity Cooking	<input type="checkbox"/> Home Health / Hospice
<input type="checkbox"/> Insurance Billing/Collections	<input type="checkbox"/> Industrial Washers/Dryers	<input type="checkbox"/> Isolation Procedures
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Autoclave	<input type="checkbox"/> IV Techniques
<input type="checkbox"/> Information Systems	<input type="checkbox"/> Electrical	<input type="checkbox"/> Emergency
<input type="checkbox"/> Data Based Software	<input type="checkbox"/> Electronics	<input type="checkbox"/> Obstetrics
<input type="checkbox"/> Spreadsheet Software	<input type="checkbox"/> Mechanical	<input type="checkbox"/> ICCU
<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Med/Surg
<input type="checkbox"/> Computer Software Proficiency	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Surgery
What Programs: _____	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Rehabilitation
_____	<input type="checkbox"/> Boilers	<input type="checkbox"/> Long-term Care
_____	<input type="checkbox"/> HVAC & Controls	

What are your career goals? _____

PATIENT CARE APPLICANTS PLEASE ANSWER THE FOLLOWING QUESTIONS:

What is your primary focus in Healthcare? _____

Please prioritize the importance of these items in your practice and tell us why: (1 = top priority)

_____ Compassion _____ Patient Care _____ Critical Thinking _____ Advocacy

WORK EXPERIENCE

LIST MOST RECENT EMPLOYER FIRST AND PROVIDE ALL REQUESTED INFORMATION:

PLEASE NOTE: All work experience information is required even when submitting a résumé.

1. Name of employer, address:	Dates employed (month/year) From: To: Final wage \$	Name of supervisor: Phone #: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title & description:	Reason for leaving:	
Job duties and responsibilities:		
2. Name of employer, address:	Dates employed (month/year) From: To: Final wage \$	Name of supervisor: Phone #: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title & description:	Reason for leaving:	
Job duties and responsibilities:		
3. Name of employer, address:	Dates employed (month/year) From: To: Final wage \$	Name of supervisor: Phone #: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title & description:	Reason for leaving:	
Job duties and responsibilities:		
4. Name of employer, address:	Dates employed (month/year) From: To: Final wage \$	Name of supervisor: Phone #: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title & description:	Reason for leaving:	
Job duties and responsibilities:		

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?

If so, please circle which one: 1 2 3 4 Give your previous name: _____

Please explain any gaps in employment more than 6 months: _____

List any Military experience: N/A

1. Name of employer, address:	Dates employed (month/year) From: To: Final wage \$	Name of supervisor: Phone #: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title:		
Job duties and responsibilities:		

EDUCATION

SCHOOL (Circle highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12 / 1 2 3 4 / Other: College												
Indicate High School, Vocation School, Business School, School of Nursing, College or University attended:												
Name of School	Location		Course of Study	Degree, Diploma, or Certificate								
	City	State										
Do you plan to resume your education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided			If Yes, when? _____		Name and location of school: _____							

PROFESSIONAL REGISTRATION / LICENSURE / CPR

Type of Registration or License	State	Number	Date of Expiration

If you do not have a required registration or license, have you applied for one? Yes No

If an examination is required, date you are scheduled to take the examination: _____

Have you ever had your professional license reviewed, suspended, or revoked? Yes No

If yes, please explain: _____

PROFESSIONAL REFERENCES

Name	Professional Title	Contact Number

IMPORTANT: Read Before Signing

I certify that the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application or failure to satisfactorily pass a required physical examination shall be considered sufficient cause for my dismissal.

I understand and agree that I shall be subject to immediate termination if it shall be determined that my answers are untrue or that I have failed to disclose a material fact. I understand and agree that the fact that the employer has made or has not made an investigation or the fact that I have performed my work satisfactorily for any period of time prior to this determination, shall not constitute a waiver, abandonment, or bar of the right of the employer to take such disciplinary action.

I understand that my employment shall be contingent with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon the verification of references furnished by me. I consent to and authorize the hospital and its personnel to request any information concerning my previous employment record as indicated on this Application of Employment including documentation on performance issues and or discharge notices. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information. In conjunction with my application with Bonner General Hospital, I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle and other reports.

Employment at Bonner General Hospital is at-will. That is, either you or Bonner General Hospital may terminate the employment relationship at any time, with or without cause. The at-will relationship remains in full force and effect notwithstanding any statements to the contrary made by company personnel or set forth in any documents. This employment application does not constitute an employment contract.

Signature of Applicant

Date

*Please remember; we are unable to process incomplete applications. You may find all our current Job Openings on the Careers page of our website at: <http://www.bonnergeneral.org>.
Thank you again for your interest in employment with Bonner General Hospital.*