



#1 Southtowne Dr, Potosi, MO 63664 (573)438-9355

An Equal Opportunity Employer

Great Mines Health Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of our organization.

EMPLOYMENT APPLICATION

Applicant Telephone: _____

Your Name: _____
Last First Middle

Your Address: _____

Position You Are Applying for: _____

I will be able to work _____ days after being notified that I am hired.

Can you work on the weekend? [] Y or [] N

Can you work evenings? [] Y or [] N

Are you able to work overtime? [] Y or [] N

Salary desired: \$ _____

Are you legally eligible for employment in the USA? [] Y or [] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Y or [] N

Are you able to perform the essential functions of the position with or without accommodations? [] Y or [] N

Do you have any friends, relatives, or acquaintances working for the Company? [] Y or [] N

If yes, state name and relationship: _____

If hired, would you have transportation to/from work? [] Y or [] N



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Are you now or have you ever been excluded by the Office of the Inspector General (OIG) for participation in Medicare, Medicaid and all other Federal health care programs? Y or N

If yes, please describe the exclusion, state the nature of the exclusion(s), and when and where this occurred. _____

Are you now, or have you ever been, excluded by the System for Award Management (SAM)? Y or N

If yes, please describe the exclusion, state the nature of the exclusion(s), and when and where this occurred. _____

Are you now, or have you ever been, excluded from, providing service to any State or Federal Government program/agency? Y or N

If yes, please describe the exclusion, state the nature of the exclusion(s), and when and where this occurred. _____

Are you willing to participate in a pre-employment drug screen? Y or N

Are you aware of any circumstances under which you may be under investigation by any State or Federal Government program/agency? Y or N

If yes, please describe the exclusion, state the nature of the exclusion(s), and when and where this occurred. _____



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2. Name-First, Last: _____

Telephone number: _____ Number of years acquainted: _____

Address: _____ City/state/zip: _____

3. Name-First, Last: _____

Telephone number: _____ Number of years acquainted: _____

Address: _____ City/state/zip: _____

Employment: Are you currently employed? Y or N

If you are currently employed, may we contact your current employer? Y or N

Below, please describe past and present employment positions, dating back ten (10) years. Please account for all periods of unemployment.

1. Name of Employer: _____

Name of Supervisor: _____ Telephone #: _____

Address: _____ City/state/zip _____

Dates of Employment: _____ Position: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

2. Name of Employer: _____

Name of Supervisor: _____ Telephone #: _____

Address: _____ City/state/zip _____

Dates of Employment: _____ Position: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N



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3. Name of Employer: _____

Name of Supervisor: _____ Telephone #: _____

Address: _____ City/state/zip _____

Dates of Employment: _____ Position: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Do you speak, write or understand any foreign language? [] Y or [] N

Please list any software programs or computer equipment that you have working

knowledge of: _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case they make you especially suited for working with us? [] Y or [] N

Professional Licenses, Certifications or Registrations:

PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge or ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure a position can be grounds for rejection of the application or, if I am employed by



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this company, can be grounds for my immediate expulsion/termination from the company. _____



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I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____

Applicant's Signature: _____

Date: _____