



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: \_\_\_\_\_ Email: \_\_\_\_\_

Your Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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?  Yes  No

Can you work evenings?  Yes  No

Are you able to work overtime?  Yes  No

Salary desired: \$ \_\_\_\_\_

Are you legally eligible for employment in the USA?  Yes  No

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?  Yes  No

Are you able to perform the essential functions of the position with or without accommodations?  Yes  No

Do you have any friends, relatives, or acquaintances working for the Company?  Yes  No

If yes, state name and relationship: \_\_\_\_\_

If hired, would you have transportation to/from work?  Yes  No



Do you have any relatives who serve on our board of directors?  Yes  No

If Yes, Who? \_\_\_\_\_

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?  Yes  No

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)?  Yes  No

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?  Yes  No

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?  Yes  No



Are you aware of any circumstances under which you may be under investigation by any State or Federal Government program/agency?      Yes    No

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

(Note: GMHC does not hire any persons who are currently excluded from any federal or state program. However, no applicant will be denied employment solely on the grounds of past exclusion. The date and nature of the exclusion, including any significant details that affect the description of the event, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  
 Yes    No

If yes, please describe the crime, state the nature of the crime, when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The date and nature of the offense, including any significant details that affect the description of the event, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered).

Education	Yrs. Completed	Field of Study	Degree
High School			
College/University			
Business/Technical			
Graduate School/ Military			



Military Service: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Total years of service: \_\_\_\_\_ Skills/duties: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**References:** List three (3) persons (not relatives) who have knowledge of your work performance within the last four (4) years.

1. Name-First, Last: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_

Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

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?  Yes  No

If you are currently employed, may we contact your current employer?  Yes  No



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?  Yes  No

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?  Yes  No

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?  Yes  No



4. 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?  Yes  No

Do you speak, write or understand any foreign language?  Yes  No

\_\_\_\_\_

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?

\_\_\_\_\_

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

\_\_\_\_\_



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: \_\_\_\_\_