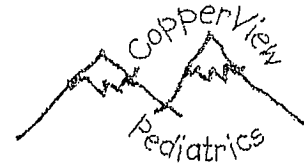




CopperView Medical Center



Application MUST be filled out in its entirety
Employment Application

Position Applying for: _____

Name _____ SS# _____
First MI Last

Address _____
Number Street City State UT

Home Phone _____ Alternate _____

Minimum Acceptable Wage: _____

Have you ever pled guilty to or been convicted of any crime other than a misdemeanor or minor offense? Yes ___ No ___ (An affirmative answer will not automatically disqualify you from employment) If yes, please give details of the offense. _____

Education/Training

High School _____

College _____

Other _____

School Name, City, State _____ Graduated Yes/No _____ Degree/Certificate Obtained _____

Additional job related competencies/Skills

EMPLOYMENT HISTORY (Begin with most recent employer)

Company Name: _____
Address: _____
Type of business: _____ Start date: _____ End date: _____
Supervisors Name and Title: _____ Phone: (____) _____
Final Salary: _____ Your Title: _____
Reason for leaving: _____
Major Responsibilities: _____

Company Name: _____
Address: _____
Type of business: _____ Start date: _____ End date: _____
Supervisors Name and Title: _____ Phone: (____) _____
Final Salary: _____ Your Title: _____
Reason for leaving: _____
Major Responsibilities: _____

Company Name: _____
Address: _____
Type of business: _____ Start date: _____ End date: _____
Supervisors Name and Title: _____ Phone: (____) _____
Final Salary: _____ Your Title: _____
Reason for leaving: _____
Major Responsibilities: _____

Company Name: _____
Address: _____
Type of business: _____ Start date: _____ End date: _____
Supervisors Name and Title: _____ Phone: (____) _____
Final Salary: _____ Your Title: _____
Reason for leaving: _____
Major Responsibilities: _____

CopperView Medical Center Hours Are As Follow

Monday – Friday 8:00 AM to 10:00 PM

Saturday – Sunday 10:00 AM to 8:00 PM

We are open 365 days a year, with shortened hours on company recognized holidays.

Please indicate below which hours and what days you are available for work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Applicant Statement

I authorize inquires of any person, educational institution, or organization to or verify information pertinent to my application for employment at CopperView Medical Center. I understand and agree that this application becomes property of CopperView Medical Center, and that any false statements or false answers on this application form or any supplements thereto, may result in cancellation of my application or in immediate dismissal if subsequently employed.

Signature: _____ Date: _____

Print Name: _____