



# Lost Rivers Medical Center

551 Highland Drive - P. O. Box 145  
Arco, ID 83213 – 208-527-8206

*Your Place For Comprehensive Care Close To Home*

## APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in our organization. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. **Please note that all potential employees of Lost Rivers Medical are required to be tested for drugs and alcohol.**

<b>P E R S O N A L</b>	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip Code			Work Telephone
	Have you ever been employed by us? If yes, please provide dates and location			Social Security Number
	Position(s) Applied For			Pay Expected
	Are you available for full time work? If not, what hours are you available?			Age (if under 18 or over 70)
	Are you legally eligible for employment in the United States? Yes or No			When would you be available to start work?
	What method of transportation will you use to get to work?			
	Other special training or skills (languages, machine operation, etc.)			

<b>E D U C A T I O N</b>	Type of School	Name and Location of School	Course of Study	Number of Years Completed	Did you graduate (yes or no)?	Degree or Diploma
	Graduate					
	College					
	High School					
	Elementary					
	Other (specify)					

**FOR OFFICE USE ONLY**

Possible work locations	Possible positions		Position and work location	Rate
				Date

EMPLOYMENT HISTORY										
1	Company Name, Address, and Type	From		To		Duties Performed	Start Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

EMPLOYMENT HISTORY										
2	Company Name, Address, and Type	From		To		Duties Performed	Start Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

EMPLOYMENT HISTORY										
3	Company Name, Address, and Type	From		To		Duties Performed	Start Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

4	Company Name, Address, and Type	From		To		Duties Performed	Start Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

May we contact the employers listed above?  Yes  No If not, indicate by number which one(s) you do not wish to be contacted.

PERSONAL REFERENCES (not former employers or relatives)		
Name and Occupation	Address	Telephone