NOTICE : This online form must be completed and saved using the button on the last page, then emailed to HR@gcdmc.org as content is not saved online

Grover C. Dils Medical Center
Bringing Quality Healthcare to the High Desert

Grover C. Dils Medical Center
Lincoln County Hospital District
Po Box 1010
700 N Spring Street
Caliente NV, 89008
(775) 726-3171
Fax (775) 726-3797
hr@gcdmc.org

EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

Name _____ **Date** _____

Physical Address _____

City _____ **State** _____ **Zip Code** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Email address: _____

Telephone(s) **Home** ( ) _____ **Cell** ( ) _____ **Work** ( ) _____

Position Applied for _____

How did you hear about this position? ☐ Advertisement ☐ Walk-In ☐ Referral (by whom?) _____

☐ Other (explain) _____

If offered employment, when will you be available to begin? _____

What type of employment will you accept? ☐ Full-Time ☐ Part-Time ☐ Temporary

Will you be available for shift work?..... ☐ Yes ☐ No

Will you be available to work weekends and/or holidays if necessary? ..... ☐ Yes ☐ No

Have you been given a job description or had the requirements of the job explained to you?..... ☐ Yes ☐ No

Do you understand the job requirements?..... ☐ Yes ☐ No

Can you perform the essential functions of this job with or without reasonable accommodation? ..... ☐ Yes ☐ No

To qualify for employment, applicants must be at least 18 years of age unless otherwise specified in the job announcement. If offered employment, can you furnish proof of age? ..... ☐ Yes ☐ No

After an offer of employment, can you submit verification of your legal right to work in the United States? ..... ☐ Yes ☐ No

List other names, if any, you have used::. _____

EDUCATION RECORD

Did you graduate from high school or receive a GED certificate? ☐ Yes ☐ No

School Name	Location	Year Earned	Diploma, Degree, or Certificate	Major Field of Study
Business/Technical/Vocational 1.				
2.				
College/University(Undergraduate) 1.				
2.				
Graduate School				

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LICENSES (Optional, unless required for the position for which you are now applying.)

List current licenses, certifications, or registrations required for the position for which you are applying. Indicate types, state license numbers, and expiration dates.

Answer only if position requires.

Do you possess a valid driver's license? ☐ Yes ☐ No

If so, license expires _____ Class _____ Restrictions (if any) _____

For positions that require typing: I certify that I can type at a speed of _____ WPM.

In addition to English, list any other language abilities you possess.

Verbal fluency in _____

Written fluency in _____

List any special skills you possess and/or equipment or office machines you can operate.

OTHER INFORMATION

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction? ☐ Yes ☐ No

Do you have any pending court charges that have not been adjudicated?..... ☐ Yes ☐ No

If you have answered yes to either question, list all such offenses and provide date, name of court, and disposition (if any). You may omit minor traffic violations for which you paid a fine of $50 or less. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

Have you ever been disciplined in your employment related to workplace violence? ..... ☐ Yes ☐ No

If yes, please explain.

Do you presently use illegal drugs? ..... ☐ Yes ☐ No

Have you ever been employed by Grover C. Dils Medical Center?..... ☐ Yes ☐ No

If yes, please provide the following information:

Department _____ Position Title _____

Dates of Employment _____ Reason for Separation _____

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Are you related to anyone who is currently employed by Grover C. Dils Medical Center?…… ☐ Yes ☐ No

If yes, please provide the following information:

Related person's name _____ Department _____

Relationship _____

EMPLOYMENT HISTORY

Provide information regarding all paid employment (include military employment if duties/assignments relate to the job you are applying for). Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do **NOT** use references such as "See Résumé" in place of completing this section.

May we contact all employers listed? (Attach a list of any exceptions with an explanation.) ☐ Yes ☐ No

Present Employer _____ Present Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ ☐ Full-Time (30+ hrs/wk) ☐ Part-Time (<30 hrs/wk)

State _____ Zip Code _____

Supervisor's Name/Title _____ Telephone (___) _____

Related Duties:

_____

Reason for Leaving: _____

Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ ☐ Full-Time (30+ hrs/wk) ☐ Part-Time (<30 hrs/wk)

State _____ Zip Code _____

Supervisor's Name/Title _____ Telephone (___) _____

Related Duties:

_____

Reason for Leaving: _____

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Employer _____ Position _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

City _____ ☐ Full-Time (30+ hrs/wk) ☐ Part-Time (<30 hrs/wk)

State _____ Zip Code _____

Supervisor's Name/Title _____ Telephone (___) _____

Related Duties:

_____

Reason for Leaving: _____

Please state below any other information that would be helpful in determining your qualifications for this position.

You may include significant accomplishments, previous career highlights, or any other relevant information that is not requested in this employment application.

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ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the lines to indicate you have read and understand each of the statements. If you have any questions, contact Human Resources hr@gcdmc.org.

_____ All offers of employment and all information regarding compensation and other terms and conditions of employment will be made in writing. Verbal statements may not be relied upon.

_____ This application is the property of Grover C. Dils Medical Center and will become part of my personnel file if I am hired.

_____ I authorize Grover C. Dils Medical Center to contact any employer or individual to obtain from them any relevant information regarding my previous employment, military service, criminal history, characteristics or traits necessary for job performance, or other relevant qualifications for employment and/or continued employment with Grover C. Dils Medical Center. In addition, I authorize Grover C. Dils Medical Center to conduct a background search which includes criminal history and military history. In addition, if the position for which I am applying requires driving a vehicle, I authorize Grover C. Dils Medical Center to conduct a Department of Motor Vehicles (DMV) search. If the position for which I am applying involves contact with minors or with any persons having diminished capacity to care for themselves, a search of government sex offender registries may be conducted. I further authorize Grover C. Dils Medical Center to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for employment.

_____ In exchange for Grover C. Dils Medical Center's consideration of my employment application, and/or any continued employment with Grover C. Dils Medical Center, I authorize anyone possessing information to furnish it to Grover C. Dils Medical Center upon request, and I release the organizations and all individuals providing the information or acquiring the information, including Grover C. Dils Medical Center, from all claims, liability, and damages whatsoever claimed to be related to furnishing, obtaining, or using said information. This release applies to, but is not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.

_____ I further understand this consent will apply during the entire course of my employment with Grover C. Dils Medical Center should I obtain such employment. I understand and agree this consent shall remain in affect indefinitely.

_____ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any employment with Grover C. Dils Medical Center. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment. I understand that neither this document nor any offer of employment from Grover C. Dils Medical Center constitutes an employment contract unless a specific contract document to that effect is executed. I agree to undergo any job-related drug screening and physical examination upon conditional offer of employment. I understand that Grover C. Dils Medical Center is not requesting genetic information from the drug screening or the physical examination and that the person administering the examination should not provide genetic information to Grover C. Dils Medical Center. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

_____ Per NRS 281.060 (2), I opt to exercise my rights by voluntarily attaching a copy of my DD214. NRS 281.060(2) states preference must be given, *if qualifications of applicants are equal*: a) first, to an honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____

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