

# GUADALUPE COUNTY HOSPITAL

## EMPLOYMENT APPLICATION

117 Camino De Vida, Suite 100

Santa Rosa, NM 88435

Phone: (575) 472-3417 Fax: (575) 541-3649

**AN AFFIRMATIVE ACTION EMPLOYER**

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Guadalupe County Hospital is an Equal Opportunity Employer. The company does not discriminate against any individual based on their race, religion, creed, color, sex, national origin, age, disability, veteran or marital status, sexual orientation or any other legally protected status.

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### INFORMATION FOR APPLICANT

An applicant for a position with GCH must comply with the requirements of the U. S. Immigration Reform and Control Act. This law requires that each new GCH employee provide the company's Human Resources Department with either documentation supporting their identity. This information must be provided within three (3) working days after the employment start date.

The following documents establish identity only:

- A driver's license with a photograph or a driver's license which contains identifying information such as name, height, age, sex, color of eyes and address.
  - A state issued I.D. if it contains the individual's photograph or contains personal identifying information. The following documents establish both identity and work authorization:
    - United States Passport.
    - Certificate of Citizenship.
    - Certificate of Naturalization.
    - Social Security Card, unless it states that it is not to be used as evidence of work authorization.
    - A certificate of birth or a certificate of birth abroad issued by the U.S. Department of State.
    - An original or certified copy of a birth certificate establishing birth in the United States.
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## PART I: PERSONAL DATA

### Basic Employee Information

Position applying for: \_\_\_\_\_

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
(Ms./Mrs./Mr.) (Last) (First) (Middle) (Sr, Jr, etc.)

Preferred Name: \_\_\_\_\_ Gender: Male Female

#### Home Address (Primary Residence)

#### Telephone Numbers

Street: \_\_\_\_\_ Home

Apartment No. \_\_\_\_\_ Work

P.O. Box: \_\_\_\_\_ (optional) Extension:

City: \_\_\_\_\_ Other

State/Province: \_\_\_\_\_

Country (if other than U.S.) \_\_\_\_\_

Zip Code: \_\_\_\_\_

U.S. Citizen: Yes No (Proof of citizenship will be required upon employment) Age: \_\_\_\_\_ (If Under 18)

Has any of your employment been under a different name? Yes No

If yes, state the name (s): \_\_\_\_\_  
(First) (M.I.) (Last)

Do you have a relative (s) or friend (s) who works for GCH? Yes No

If yes, What is their name? \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

## PART II: EDUCATION, SKILLS & TRAINING

### High School

<input checked="" type="checkbox"/> Check One	School Information	Year Completed
Diploma	School Name: _____	
GED	City, State: _____	
N/A		

### College

Degree	School Name	Year Completed	Major	Minor

**Special Skills/ Certifications / Certificates**

Description	Years of Relevant Experience	Date Obtained

**Training**

Course / Description	Date	
	Start	End

**PART III: EMPLOYEE INFORMATION**

Are You Available to Work: **Full Time**    Yes    No    **Part Time**    Yes    No

If this application is accepted, on what date will you be able to start work?

What Annual Salary or Hourly Wage do you expect?    \$

Have you ever been convicted of a felony within the last 7 years?    Yes    No

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding?\*    Yes    No    If "Yes", attach a separate piece of paper that states when conviction occurred, circumstances, and any other information pertaining to your rehabilitation.

**NOTE:** Do not include: (1) Incidents for which records have been expunged; or (2) traffic violations for which the fine was \$100 or less. A criminal offense will not necessarily bar employment.

Indicate any foreign languages you can speak, read and/or write

\_\_\_\_\_ Fluent                      Good                      Fair

Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

**PART IV: PRESENT / PREVIOUS EMPLOYERS**

**May we ask your present employer for a reference?**

Yes

No

Name of Employer: \_\_\_\_\_ Dates From:

To:

Address:

(Street & Number)

(City)

(State)

(Zip Code)

Position Held:

Annual Salary/Hourly Wage: Start: \$

End: \$

Describe the responsibilities of your position:

Name of Immediate Manager:

Telephone No.:

Reasons(s) For Leaving:

**Previous Employer** (List most current first)

**May we ask your previous employer for a reference?**

Yes

No

Name of Employer: \_\_\_\_\_ Dates From:

To:

Address:

(Street & Number)

(City)

(State)

(Zip Code)

Position Held:

Annual Salary/Hourly Wage: Start: \$

End: \$

Describe the responsibilities of your position:

Name of Immediate Manager:

Telephone No.:

Reasons(s) For Leaving:

**Previous Employer** (List most current first)

**May we ask your previous employer for a reference?**

Yes

No

Name of Employer: \_\_\_\_\_ Dates From:

To:

Address:

(Street & Number)

(City)

(State)

(Zip Code)

Position Held:

Annual Salary/Hourly Wage: Start: \$

End: \$

Describe the responsibilities of your position:

Name of Immediate Manager:

Telephone No.:

Reasons(s) For Leaving:



