SIERRA VISTA
HOSPITAL & CLINICS

Employment Application

PERSONAL INFORMATION

Application Date: _____

Full Name: _____ _____ _____
First Middle Last

Address: _____ _____ _____ _____
Street Address City State Zip Code

E-mail: _____ **Phone:** (___) _____-_____

Date Available: _____ **Desired Pay**: $_____ ☐ Hourly ☐ Annually

Position Applied For: _____

Employment Status Desired: ☐ Full -Time ☐ Part-Time ☐ PRN ☐ Temporary

EMPLOYMENT ELIGIBILITY

Are you legally eligible to work in the United States? ☐ YES ☐ NO

Have you ever worked for Sierra Vista Hospital? ☐ YES* ☐ NO

***If yes, please enter approximate start and end dates:** _____

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B)? ☐YES ☐NO

Can you provide proof of required professional licenses or certifications? ☐ N/A ☐ YES ☐ NO

I-9 Compliance Notice

If hired, you will be required to complete Form I-9 and provide acceptable documentation to verify identity and employment authorization within three business days of your start date.

Background Check Disclosure & Consent

Employment with Sierra Vista Hospital is subject to a post-offer background check, which may include, criminal history screening (as required by the Caregivers Criminal History Screening Act), employment and education verification, and professional license verification.

If asked, are you willing to consent to a background check? ☐ YES ☐ NO

EDUCATION / LICENSURE / CERTIFICATION

High School: _____ **City/State:** _____

From: _____ **To:** _____

Graduate? ☐ YES ☐ NO

☐ GED (Issued By & Date Received): _____

College (Highest Completed): ☐ N/A ☐ Associates ☐ Bachelor's ☐ Masters ☐ Doctoral

Degree Type: _____

School: _____ **City/State:** _____

From: _____ **To:** _____

Licensure:

License Type	License Number	Issuing State/Agency	Expiration Date

Certifications:

Certification Type	Certification Number	Issuing State/Agency	Expiration Date

PREVIOUS EMPLOYMENT

Beginning with most recent employer.

Employer Name: _____

Employer City/ State: _____ **Employer Phone Number:** (____) _____-_____

Job Title: _____ **Responsibilities:**_____

_____

_____

Employment Dates - Beginning: _____ **To:**_____

Reason for Leaving: _____ **Ending Pay: $**_____

☐ Hourly ☐ Annually

PREVIOUS EMPLOYMENT (CONTINUED)

Employer Name: _____

Employer City/ State: _____ **Employer Phone Number:** (____) _____-_____

Job Title: _____ **Responsibilities:**_____
_____
_____

Employment Dates - Beginning: _____ **To:**_____

Reason for Leaving: _____ **Ending Pay: $**_____

☐ Hourly ☐ Annually

Employer Name: _____

Employer City/ State: _____ **Employer Phone Number:** (____) _____-_____

Job Title: _____ **Responsibilities:**_____
_____
_____

Employment Dates - Beginning: _____ **To:**_____

Reason for Leaving: _____ **Ending Pay: $**_____

☐ Hourly ☐ Annually

Employer Name: _____

Employer City/ State: _____ **Employer Phone Number:** (____) _____-_____

Job Title: _____ **Responsibilities:**_____
_____
_____

Employment Dates - Beginning: _____ **To:**_____

Reason for Leaving: _____ **Ending Pay: $**_____

☐ Hourly ☐ Annually

PROFESSIONAL REFERENCES

Name: _____
Relationship: _____
Company: _____
Phone: (____) _____-_____
Email: _____

Name: _____
Relationship: _____
Company: _____
Phone: (____) _____-_____
Email: _____

Name: _____
Relationship: _____
Company: _____
Phone: (____) _____-_____
Email: _____

Name: _____
Relationship: _____
Company: _____
Phone: (____) _____-_____
Email: _____

VETERAN STATUS (VOLUNTARY)

☐ **I am not a veteran**

☐ **I am a veteran**

☐ **I prefer not to answer**

EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGMENT

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in rejection of my application or, if employed, termination of employment.

I authorize Sierra Vista Hospital to verify any information provided, including contacting references, previous employers, and educational institutions. I release all parties from liability for any damage that may result from furnishing such information.

I understand that this application does not constitute an employment contract. If hired, employment will be **at-will**, meaning that either I or Sierra Vista Hospital may terminate the employment relationship at any time, with or without cause or notice, subject to applicable law.

I acknowledge that no representative of Sierra Vista Hospital has authority to make any assurance or agreement contrary to the foregoing unless in writing and signed by an authorized officer.

Sierra Vista Hospital is an **Equal Opportunity Employer** and does not discriminate based on race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, veteran status, or any other protected characteristic under applicable law.

Applicant Name (Printed): _____

Signature: _____ **Date:** _____