



ESTES PARK MEDICAL CENTER

EMPLOYMENT APPLICATION GUIDELINES

Thank you for your interest in Estes Park Medical Center.

The mission of the Estes Park Medical Center is to provide Excellent Personalized Medical Care.

Estes Park Medical Center prohibits tobacco use by anyone – employees, volunteers, medical staff, contract staff, vendors, patients and visitors – on this campus or any property owned by EPMC. (Effective 4/1/06)

APPLICANT

PLEASE READ THIS INFORMATION SHEET AND KEEP FOR REFERENCE:

For your application to be given consideration, it must be completed in legible writing with complete and correct information in all requested areas. This would include correct phone numbers, addresses, and names of prior employers and personal references.

INCOMPLETE APPLICATIONS WILL RESULT IN NON-CONSIDERATION FOR EMPLOYMENT.

Return the completed application to:
Estes Park Medical Center
Human Resources Department
555 Prospect Avenue
Estes Park, Colorado 80517
970-577-4458

- ✓ Upon receipt of your application, it will be routed to the appropriate Department and reviewed.
- ✓ If the application is incomplete or does not meet the minimum job requirements, this will result in non-consideration for employment.
- ✓ The initial process of reviewing applications could take up to three weeks.
- ✓ If you are not selected for an interview, please continue to apply for open positions that meet your qualifications.
- ✓ You may check our website at www.epmedcenter.com, or the local newspapers for current EPMC openings.
- ✓ You may be required to complete separate applications for each position that you apply for.

- ✓ **ESTES PARK MEDICAL CENTER ENCOURAGES INDIVIDUAL ACHIEVEMENT AND NEITHER THE EMPLOYEE NOR THE EMPLOYER IS COMMITTED TO AN EMPLOYMENT RELATIONSHIP FOR A FIXED PERIOD OF TIME. EMPLOYMENT WITH ESTES PARK MEDICAL CENTER IS AT-WILL.**



ESTES PARK MEDICAL CENTER
 555 Prospect Ave., Estes Park, CO 80517
 Human Resources: 970-577-4458

For HR use only:	
Received: _____	By: _____
Notes: _____	

EMPLOYMENT APPLICATION

**SEE APPLICANT
 INSTRUCTIONS
 ON COVER SHEET.**

POSITION APPLIED FOR _____

TODAY'S DATE _____

How did you hear about EPMC? _____

LAST, FIRST, M _____

SOCIAL SECURITY NUMBER _____

HOME PHONE _____ WORK PHONE _____

CURRENT STREET ADDRESS _____

Street

City _____ State _____ ZipCode _____

CURRENT MAILING ADDRESS (If different than street address) _____

PRIOR ADDRESS _____

EMAIL ADDRESS _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review and evaluated for the presence of drugs and alcohol in your body. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool
 For which schedules are you available?* Weekdays Weekends Evenings Nights Overtime Shift Other _____
 *reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices (All other States)

JOB RELATED SKILLS

Note: Do not fill out any part of this section you believe to be non-job related.

- Yes No If the job requires, do you have the appropriate valid driver's license?
 Name on license _____ DL# _____ Type _____ State of Issue _____
- Yes No Have you been given a job description or had the essential functions (Job Posting) explained to you?
- Yes No Do you understand these essential functions?
- Yes No Can you perform the essential function s of this job with or without reasonable accommodations.

SECURITY

List states and counties of residence for the past SEVEN (7) years: _____

- Yes No Have you used any other Names or Social Security Numbers other than given above? If so, please list in comments below.
- Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, and nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1)		
2)		

COMMENTS

_____ Applications post 1-10\Part 1 Application Regular 2010.doc

(ASK FOR ADDITIONAL PAGE IF NECESSARY) _____

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact? PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
 SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
 SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
 SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

REFERENCES Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME (FIRST AND LAST)	CITY/STATE	PHONE NUMBER / CELL PHONE	RELATIONSHIP	YEARS KNOWN
1)				
2)				

EDUCATION NOTE: Do not fill out any part of this section you believe to be non-job related.
 Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

APPLICANT SIGNATURE _____ DATE _____

PENSION PROGRAM IN LIEU OF SOCIAL SECURITY

In 1976, EPMC elected not to participate in the Social Security program. Since that time, EPMC has been enrolled in a mandatory pension program.

Contributions are as follows:

Employer Contributions. During the time that you are an active plan participant, EPMC makes a deposit to your Employer Contribution Account based on your gross earnings.

Employee Mandatory Basic Contributions. Your basic contribution is deducted from your paycheck at the same rate as Social Security. This portion is not subject to tax withholdings.

Employee Voluntary Contributions. You may withhold up to a total of 25% of your gross earnings for voluntary contributions. This portion of your pension contribution is not subject to tax withholdings.

Upon termination of employment from EPMC, you will receive all funds that you have contributed, along with earned interest, on the first administratively practicable distribution date in the calendar quarter following your termination.

At that same time, you will receive the employer's contribution as follows:

Less than one year of employment	25%
Following one year of employment	50%
Following two years of employment	75%
Following three years of employment	100%

I acknowledge that I have read and understand this statement.

Applicant Signature

Date

RETURN TO HUMAN RESOURCES

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF A
CONSUMER REPORT AND AN INVESTIGATIVE REPORT**

In connection with your application for employment with Estes Park Medical Center, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative report or reference check, including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you or others.

Please be advised that you have the right to request in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five (5) days of the date on which we receive the request from you or within five (5) days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. Should EPMC make a contingent offer of employment, by signing your name on the Release Disclosure and Authorization, you hereby authorize us to obtain these reports about you in order to consider you for employment.

YOUR COPY

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

<u>The FCRA gives several different federal agencies authority to enforce the FCRA:</u>	
<u>For Questions or Concerns Regarding:</u> CRAs, creditors and others not listed below:	<u>Please Contact:</u> Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National banks, federal branches / agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Controller of the Currency/Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Consumer and Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials, "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Admin. 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corp. Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

PRE-EMPLOYMENT ILLEGAL SUBSTANCES, PERSCRIPTION /NON-PRESCRIPTION DRUG AND ALCOHOL TESTING POLICY

All job applicants at Estes Park Medical Center (EPMC) will undergo screening for the presence of illegal substances, non-prescription drugs, alcohol and any prescription drugs that may interfere with the performance of your job as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a Colorado state licensed laboratory chosen by the EPMC, and by signing consent agreement, will release EPMC from all liability. An applicant with confirmed positive test results will be denied employment. EPMC will not discriminate against applicants for employment because of past abuse of illegal substances, prescription/non-prescription drugs and/or alcohol. It is the current abuse of illegal substances and/or prescription and/or non-prescription drugs and/or alcohol, which may prevent employee(s) from properly performing their jobs that EPMC will not tolerate.

PRE-EMPLOYMENT AGREEMENT

I freely and voluntarily agree to submit to a urinalysis to test for the presence of illegal substances and/or prescription drugs and/or non-prescription drugs and/or alcohol as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by Estes Park Medical Center (EPMC) for this screen may disqualify me from further consideration for employment. Employment will not commence prior to EPMC receiving confirmed negative test results.

I further understand that at any time during my employment with EPMC, I may again be required to submit to a urinalysis to test for the presence of illegal substances and/or prescription drugs and/or non-prescription drugs and/or alcohol. I understand that refusal to submit to a requested urinalysis screen or failure to qualify according to the minimum standards established by EPMC may result in immediate suspension and/or discharge.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

HR Representative

Date

DRUG/ALCOHOL-FREE WORKPLACE

Estes Park Medical Center (EPMC) is a drug/alcohol-free workplace. As such, we prohibit the use of illegal substances, non-prescription drugs and alcohol during work hours. If the employee comes to work under the influence of illegal substances and/or non-prescription drugs and/or alcohol or uses illegal substances and/or non-prescription drugs and/or alcohol during work time, the employee will be disciplined in accordance to the policy up to and including termination.

Under EPMC's Illegal Substances, Non-Prescription Drugs and Alcohol Testing Policy, all prospective employees must submit to the Illegal Substances, Non-Prescription Drugs and Alcohol Policy. Prospective employees will only be asked to submit to a test once a conditional offer of employment has been extended and accepted. An offer of employment by EPMC is conditional on the prospective employee testing negative for illegal substances, non-prescription drugs and alcohol.

EPMC's policy is intended to comply with all state laws governing illegal substances, non-prescription drugs and alcohol testing and designed to safeguard employee privacy rights to the fullest extent of the law.

Attached is the written notice of the Pre-Employment Illegal Substances, Non-Prescription Drugs and Alcohol Testing Policy and Pre-Employment Agreement to test for the presence of illegal substances, non-prescription drugs and alcohol, complete with signature to confirm that the he or she is aware of the policy and employees' rights.

Any illegal substances, non-prescription drugs and/or alcohol testing required or requested by EPMC will be conducted by a Colorado state licensed laboratory. All expenses related to the test will be incurred by EPMC. The employee will be advised of the chain of custody, and the name and location of the laboratory that will analyze the employee's test sample.

If the employee receives notice that the employee's test results were confirmed positive, the employee will be given the opportunity to explain the positive result. In addition, the employee may have the sample retested at a Colorado state licensed laboratory of the employee's choice and at their expense.

If there is reason to suspect that the employee is working while under the influence of an illegal substance(s) and/or non-prescription drug(s) and/or alcohol, the employee will be suspended with or without pay, until the results of the test are made available to EPMC by the testing laboratory. As illegal substances, non-prescription drugs and/or alcohol testing is included in a physical screening for cause, there will be no adverse employment action taken until the test results are received.

All testing results will remain confidential in the Human Resources Department. Employee must sign a consent form prior to the release of results. Test results may be used in arbitration, administrative hearings and court cases arising as a result of the employee's drug testing. Results will be sent to appropriate federal agencies as required by law. If the employee is to be referred to a treatment facility for evaluation, the employee's test results will also be made available to the employee's counselor.

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: _____

Title of job applied for: _____

RACE/ETHNICITY (check one)

- White – origins in Europe, North Africa, or Middle East
- Asian – origins in Far East, S.E. Asia or India
- Black – origins in Africa
- Hispanic – Mexican, Puerto Rican, Cuban, Central or South America
- American Indian – origins in North America, to exclude Alaska
- Native Hawaiian or other Pacific Islander
- Other

PHYSICAL CONDITION

- (1) No Disability
- (2) Physically Disabled (No Facility Modification)
- (3) Physically Disabled (Facility Modification)
- (4) Health Disabled (Heart Attack, Diabetic, Seizures, etc.)
- (5) Mentally Disabled (Learning Disability)

SEX

- Male
- Female

VETERANS/U.S. MILITARY STATUS

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (8/5/64 – 5/7/75)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one)

- Yes
- No

PERSONAL AND CONFIDENTIAL

PLEASE READ CAREFULLY
APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION
We truly welcome your application with Estes Park Medical Center ("Employer").

In pursuit of excellence in our employees, we require as a condition of our employment recommendation, that all applicants consent to and authorize an investigative consumer report of their background, concerning their character, general reputation, personal characteristics, and mode of living. The investigative agency is Insight Investigations Inc., P.O. 891571, Temecula, CA 92589 Ph. 909.699.4787

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Employer may now, or at any time while I am employed, obtain any of the following: a physical examination by a designated professional; my urine specimen to be tested for the presence of drugs or alcohol; any criminal or civil court records pertaining to me from any federal, state or local court or justice agency in any state or country; interview my previous employers or other sources for my work history; contact my personal references; verify my education, professional licenses, professional liability insurance, credit history, and/or motor vehicle driving records, administer tests of skills, or other job-related matters; and/or obtain any other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility, in accordance with the employment policies of the Employer.

I authorize Insight Investigations Inc. ("Insight") and any of its associates, to conduct this investigation as the authorized agent of the Employer, and to disclose orally and in writing the results of this verification process to the Employer.

I have read and understand this release and consent, and I authorize the background verification. I authorize all persons, employers, schools, courts, agencies and institutions to provide Insight with all information that may be requested, and I hereby release all persons and organizations providing such information from any and all claims and damages connected with the release of any requested information. I agree that any copy hereof is as valid as the original.

I do hereby agree to forever release and discharge the Employer, and/or its agent, Insight, and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, and/or other charge or complaint arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and the nature and scope of the investigative report.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this application authorization and consent for release of information is not an offer of employment by Employer or a contract for employment with Employer.

APPLICANT:

_____			_____ - _____ - _____	
Name (Typed or printed)			Social Security Number	
_____			_____	
Address			Drivers License Number	State
_____	_____	_____	_____	
City	State	Zip	Date of Birth	
_____			_____	
Signature			Date Signed	

Check here to receive a copy of the background screening report