



ESTES PARK MEDICAL CENTER

VOLUNTEER APPLICATION

Thank you for your interest in Estes Park Medical Center.

PLEASE NOTE:

Please complete this application in its entirety.

Failure to do so will result in non-consideration of your application.

Print clearly: incomplete or illegible applications will not be processed.

PLEASE NOTE N/A in areas that are not applicable.

VOLUNTEER APPLICATION

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 volunteer application, it will be routed to the appropriate individual for consideration. If you are not selected for the volunteer position, you will receive a letter in the mail. The initial process of reviewing applications could take up to three weeks.

**If you have questions, please call:
Human Resources at 970-577-4458.**

VOLUNTEER APPLICATION

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

(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.

DATE _____

APPLICANT SIGNATURE _____