

**SOUTH LYON MEDICAL CENTER  
APPLICATION FOR EMPLOYMENT  
APPLICATIONS NOT FILLED OUT COMPLETELY WILL BE REJECTED**

South Lyon Medical center is an equal opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines and terminates without regard to race, color, religion, national origin, citizenship, age, gender, physical or mental disabilities, pregnancy, veteran status, sexual orientation, or genetic background. Any applicant will be immediately rejected for employment or, if hired, will be terminated without notice for giving false information, omission of information, or failing to accurately provide information requested. If hired, employment is "at-will" for no fixed term. The Hospital or the employee can terminate employment at any time.

DATE: \_\_\_\_\_

**PERSONAL DATA**

Full name: \_\_\_\_\_  
(Last) (First) (Middle)

List all other names you have worked under or are known by: \_\_\_\_\_

Address: \_\_\_\_\_  
mailing address if different: \_\_\_\_\_

Telephone: home \_\_\_\_\_ business \_\_\_\_\_

Have you ever worked for South Lyon Medical Center? [ ] yes [ ] no  
If "yes", when? \_\_\_\_\_ Under what name? \_\_\_\_\_

Have you ever applied for work at South Lyon Medical Center? [ ] yes [ ] no  
If "yes", when? \_\_\_\_\_

Do you have relatives who work, or have worked for this hospital? [ ] yes [ ] no  
If "yes", give name, relationship, when employed: \_\_\_\_\_  
\_\_\_\_\_

If hired, can you furnish proof of age? [ ] yes [ ] no (An offer of employment, if made, will be subject to verification that the applicant's age meets legal requirements, i.e. that they are at least 16 years of age for most jobs and 18 years of age for some jobs.)

**POSITION DESIRED**

For what position are you applying? (Only one position per application) \_\_\_\_\_

Do you desire: [ ] full time work [ ] part time work [ ] either full time or part time work

Are you available to work: (check all that apply)  
[ ] days [ ] evenings  
[ ] nights [ ] weekends

Are you able to work overtime if requested?  Yes  No

On what date will you be available to start? \_\_\_\_\_

Are you now or, if hired, will you be working more than one job?  Yes  No

If "yes", please explain: \_\_\_\_\_

**BACKGROUND**

Have you ever been convicted of a crime (misdemeanor or felony) under your current or another name in this or any other state?  Yes  No

If yes, document all information for all convictions. Please attach additional sheets if needed.

**Conviction #1 -\***

1. Your name at the time of the conviction \_\_\_\_\_
2. What you were charged with \_\_\_\_\_
3. Date of arrest \_\_\_\_\_ 4. Date of conviction \_\_\_\_\_
5. What you were convicted of \_\_\_\_\_
6. Disposition of the case \_\_\_\_\_
7. Location/Jurisdiction including city, county & state \_\_\_\_\_

**Conviction #2 -\***

1. Your name at the time of the conviction \_\_\_\_\_
2. What you were charged with \_\_\_\_\_
3. Date of arrest \_\_\_\_\_ 4. Date of conviction \_\_\_\_\_
5. What you were convicted of \_\_\_\_\_
6. Disposition of the case \_\_\_\_\_
7. Location/Jurisdiction including city, county & state \_\_\_\_\_

\*Please attach copies of official court proceedings and disposition of each conviction you have listed. Applications will be immediately rejected for omission of information or failing to provide documentation requested.

Have you ever been convicted of a DUI (Driving under the Influence)?  Yes  No

If yes, document all information for all convictions. Please attach additional sheets if needed.

**Conviction #1 -\***

1. Your name at the time of the conviction \_\_\_\_\_
2. Was it related to alcohol or controlled substance? \_\_\_\_\_
3. Date of arrest \_\_\_\_\_ 4. Date of conviction \_\_\_\_\_
5. Disposition of case \_\_\_\_\_
6. Location/Jurisdiction including city, county & state \_\_\_\_\_

\*Please attach copies of official court proceedings and disposition of each conviction you have listed. Applications will be immediately rejected for omission of information or failing to provide documentation requested.

**GENERAL**

Can you speak, read and write English?  yes  no

Do you understand that all offers will be contingent upon the verification of lawful employment status as required by the Immigration Reform and Control Act of 1986 and that you must complete this process before starting work? If hired, can you verify eligibility to work in the United States?  
 yes  no

Employment with the hospital is contingent upon successfully completing a urine screening for drugs. If an offer of employment is made, before commencement of your duties, you will be required to undergo a medical examination and a drug test, the results of which may affect the offer of employment. Are you willing to undergo such an examination and testing?  
 yes  no

Do you understand that employment with SLMC is contingent upon the verification of your name through the database of the Office of Inspector General Exclusion List and System for Award Management?  
 yes  no

**EDUCATION AND TRAINING**

Name and address of High School attended: \_\_\_\_\_

Did you graduate?  yes  no If "no", do you have a GED?  yes  no

Name and address of other schools attended (college, vocational, university, etc.):

School	Address	Dates Attended from to	Course or major	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no
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List other courses or special training, including military, which may relate to this job. Give dates of attendance.

Do you have any technical skills or foreign language skills which might help you in this job? Please explain.

List any other accomplishments or achievements which relate to this job. \_\_\_\_\_

**EMPLOYMENT HISTORY**

**(SLMC DOES NOT ACCEPT RESUMES)**

(Please complete the following information.)

Have you ever been involuntarily terminated or asked to resign? If so, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LIST LAST FIVE EMPLOYERS IN CHRONOLOGICAL ORDER STARTING WITH THE MOST RECENT. DO NOT MAKE ANY OMISSIONS.**

1. Name of employer \_\_\_\_\_ phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2. Name of employer \_\_\_\_\_ phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Name of employer \_\_\_\_\_ phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

4. Name of employer \_\_\_\_\_ phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

5. Name of employer \_\_\_\_\_ phone # \_\_\_\_\_

Address: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What prompted your application? Own accord [ ] Advertisement [ ] Employee referral [ ] Other [ ]

If employee referral, please name the employee who referred you: \_\_\_\_\_

**AFFIDAVIT**

I certify that the information on this application is true and complete. I understand that any misstatements or omissions of information are grounds for denial of employment, and if hired, for dismissal. I understand that employment is conditioned upon verification of information contained herein, as well as my undergoing a post-offer pre-employment drug test and job-related physical examination with results satisfactory to the Hospital.

I give the Hospital the right to request from the listed employers and schools as well as any other persons, schools, companies, credit bureau, state licensing, law enforcement and other governmental agencies, any and all information about my background, along with any other pertinent information they may have, personal or otherwise without further notice to me. I release all parties from all liability, and agree not to file any claims, lawsuit, or any other cause of action of any kind against my person or entity arising out of the furnishing, receipt or use of such information.

I authorize the Hospital to obtain a consumer report as defined under the Fair Credit Reporting Act in accordance with 15 U.S.C. 1681, et seq., which includes information on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal record, or mode of living, and to use such information for employment purposes. I understand that if the Hospital relies upon a consumer report, I will be notified about my rights in a separate document.

**I AGREE THAT MY EMPLOYMENT WITH THE HOSPITAL WILL BE AT-WILL. THIS MEANS THAT EITHER THE HOSPITAL OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON AT ALL, WITH OR WITHOUT NOTICE. THIS CLAUSE CANNOT BE AMENDED, CHANGED, ALTERED, OR ABOLISHED EXCEPT IN WRITING SIGNED BY THE HOSPITAL ADMINISTRATOR. I ALSO AGREE THAT MY EMPLOYMENT WILL BE GOVERNED BY THE EMPLOYEE HANDBOOK TO THE EXTENT THESE DOCUMENTS ARE CONSISTENT WITH MY EMPLOYMENT AGREEMENT. THESE DOCUMENTS ARE SUBJECT TO CHANGE FROM TIME TO TIME.**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

Return application to:

Human Resources Department  
South Lyon Medical Center  
213 South Whitacre Street  
P.O. Box 940  
Yerington, Nevada 89447

(775) 463-6408

All applications are "active" for one month and then kept in a "non-current" status for 3 months, after which time the applicant will need to re-apply if they wish to be considered for a future opening.

**According to Nevada state law NRS 449.174 (previously 449.188) South Lyon Medical Center cannot employ or continue to employ a person who has been convicted of any of the following crimes:**

1. Murder, voluntary manslaughter or mayhem.
2. Assault with intent to kill or to commit sexual assault or mayhem.
3. Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime that is punished as a felony.
4. Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years.
5. A crime involving domestic violence that is punished as a felony.
6. A crime involving domestic violence that is punished as a misdemeanor within the immediately preceding 7 years.
7. Abuse or neglect of a child or contributory delinquency.
8. A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in Chapter 454 of NRS, within the immediately preceding 7 years.
9. Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitations, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
10. A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;
11. A violation of any provision of NRS 422.450 to 422.590, inclusive;
12. A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;
13. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding seven (7) years;
14. Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or
15. An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years.

**By my signature below, I certify that I *have not been convicted* of any of the above mentioned violations within the time frame indicated.** I hereby authorize South Lyon Medical Center to investigate any criminal record and understand that such a conviction would prohibit my employment under the law. I further understand that if I have been hired and begun work and notice is received of conviction of any of the above, that I will be terminated. I understand that if I feel the information provided by the central repository is incorrect, I must immediately inform the Hospital and I will be given a reasonable amount of time of not less than 30 days to correct the information.

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Applicant signature

Date

South Lyon Medical Center provides health care for the public and in order to protect the public's trust, we must carefully consider each applicant applying for a position.

**VALIDATION OF EMPLOYMENT – APPLICANT'S STATEMENT**

I authorize South Lyon Medical Center and its personnel to ask any and all of my former employers and schools in a manner they choose, for information concerning me, whether good or bad. I know that complete information is important to my being hired or retained in any position offered to me.

I, therefore, release all parties and persons connected with any requests for information from all claims, liability and damages for whatever reason arising out of furnishing this information

I authorize all of my former employers and schools to release to South Lyon Medical Center any requested information regarding my previous employment, schooling and performance

APPLICANT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Applicant – do not write below this line

EMPLOYER OR SCHOOL \_\_\_\_\_

Please verify the following information

NAME OF APPLICANT \_\_\_\_\_ SS# \_\_\_\_\_

EMPLOYED OR ATTENDED SCHOOL FROM \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

APPLICANT'S STATED REASON FOR LEAVING \_\_\_\_\_

Is the above information correct? YES [ ] NO [ ] Please indicate any differences.

Is the employee eligible for rehire or recommendation for hire? YES [ ] NO [ ]

If not, why not? \_\_\_\_\_

Reason for termination \_\_\_\_\_

Please rate the applicant on the following:

	satisfactory	unsatisfactory
1. Quality of work	[ ]	[ ]
2. General Knowledge	[ ]	[ ]
3. Dependability	[ ]	[ ]

REFERENCE INFORMATION COMPLETED BY:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this request and returning it to me.

SLMC HR coordinator \_\_\_\_\_ Date \_\_\_\_\_