



PO Box 1229 Telluride, CO 81435

**Telluride Hospital District**  
d.b.a. Telluride Medical Center Trauma & Emergency Services and  
Telluride Medical Center Primary Care  
**EMPLOYMENT APPLICATION**

The Telluride Hospital District is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment on the basis of race, color, religion, sex, national origin, age, sexual orientation, handicap/disability or familial status as defined by law or on the basis of age as defined by Federal and Colorado law except when age or physical/mental requirements constitute a bona-fide occupational qualification necessary for proper and efficient operation or as provided by law. No question on this application is intended to secure information to be used for such discrimination.

Position Desired \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of issue \_\_\_\_\_

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

Previous Address 1) \_\_\_\_\_

2) \_\_\_\_\_

List any aliases or maiden name used \_\_\_\_\_

Type of employment wanted: \_\_\_\_\_ Education: \_\_\_\_\_

( ) Full Time Permanent ( ) Part Time

(Circle highest grade completed)

( ) Temporary ( ) Seasonal

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Shift Desired: \_\_\_\_\_

Major Courses \_\_\_\_\_

( ) Days ( ) Evenings ( ) Nights ( ) Other

Degree/Diploma \_\_\_\_\_

Name & Location of High School \_\_\_\_\_

Name of College or University \_\_\_\_\_

List Specialized Education \_\_\_\_\_

Are you 18 years old or older? ( ) Yes ( ) No

Have you ever been convicted by law of any violations (except minor traffic violations)?

Have you ever been employed by the Telluride Hospital District? ( ) Yes ( ) No

If so, when \_\_\_\_\_

Have you applied for work at the Telluride Medical Center before? ( ) Yes ( ) No

If so, when \_\_\_\_\_

Are you a United States Citizen? ( ) Yes ( ) No

### Professional Licenses and Registrations

Your Colorado Professional/Vocational Certification Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Was or has your license ever been revoked, suspended, voluntarily relinquished or have you ever been disciplined by a licensing authority? ( ) Yes ( ) No

If yes, explain:

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### Previous Employment

List the names of employers in order with present employer first. List both full time and part time work. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name of firm and supply business references. Please give both month and year of employment.

Name of Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employed from / / to / / Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Title and Duties (summarize briefly) \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employed from / / to / / Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Title and Duties (summarize briefly) \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employed from / / to / / Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Title and Duties (summarize briefly) \_\_\_\_\_

By signing below I authorize the Telluride Hospital District to contact all employers listed, including my present employer. Please indicate if there are any employers you do not want contacted.

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

Please complete this section if applying for a Clerical Related Position

Special skills, experience in operation business machines or equipment. Please List

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Can you type? ( ) Yes ( ) No \_\_\_\_\_ Words per minute

Experience or license(s) to operate specialized hospital equipment. Please list:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Other experience you have relative to the job for which you are applying.

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

**Please read carefully before signing:**

I understand that this application becomes inactive after 6 months.

I understand that any offer of employment is contingent upon all health screenings necessary to the position that I am offered being completed and accepted.

I understand that acceptance of this application by The Telluride Hospital District does not imply employment.

I understand that misrepresentation will be just cause for rejection of the application and/or immediate dismissal from employment.

I wave any action against any entity, including The Telluride Hospital District, providing information in connection with this employment application or inquiries in processing the same.

I acknowledge that if hired, I will be an at will employee. I understand that all employees of The Telluride Hospital District are employed for an indefinite period and such employment may be terminated without notice at the will of either myself or The Telluride Hospital District.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



A NON-PROFIT RURAL HEALTH CLINIC

## Disclosure for Applicant Consumer Report

Telluride Hospital District (THD) may perform a background check, also called a consumer report, as part of the pre-hiring process and will be used solely for employment purposes.

In the event that adverse information is obtained from the consumer report, THD will provide to the applicant:

- A copy of the consumer report,
- A summary of the consumer's right's under the Fair Credit Reporting Act. (This is a standard document created by the Federal Trade Commission (FTC) and can be found at [www.ftc.gov/bcp/](http://www.ftc.gov/bcp/)).

Following a 5-day waiting period adverse action may be taken by THD and the applicant will be supplied with:

- Notice of the adverse action taken,
- The name address and toll-free telephone number of the consumer reporting agency (CRA) that furnished the consumer report,
- A statement that the CRA did not make the decision to take the adverse action and is unable to provide the consumer with specific reasons why the adverse action was taken,
- Notice of the consumer's right to obtain a free copy of the consumer report from the CRA within 60 days,
- Notice of the consumer's right to dispute the accuracy or completeness of any information in the consumer report furnished by the CRA.

I understand that Telluride Hospital District may perform a background check through NCS<sup>®</sup> as part of the pre-hiring process.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature