



607 West Main Street  
 Grangeville, ID 83530  
 800-772-5137 • 208-983-1700  
 www.syringahospital.org

POSITION DESIRED: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Last, First, Middle)	Telephone Number
Address	Message Number
City/State/Zip	E-mail Address

Are you applying for: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	What shift(s) will you work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been convicted of a law violation (other than minor traffic violations)?    Yes    No

If yes, explain: \_\_\_\_\_  
 (A criminal record does not automatically bar employment)

**EDUCATION/TRAINING**

Have you obtained a high school diploma or GED certificate?    Yes    No

Higher Education/Technical Degree

School Name	School Address/City/State	Diploma/Degree	Start Date/End Date

**SPECIAL SKILLS/JOB KNOWLEDGE**

List other specific skills or job knowledge you have to offer for this job opening:

Resume attached?    Yes    No

**PRIOR EMPLOYMENT EXPERIENCE**

Start with the most recent employment, give a complete record of all employment and reasons for periods of unemployment (include military service and volunteer service for the past ten years if needed to complete a job history).

Company name	Address	City	State	Zip	Phone
Type of business	Supervisor's name and title		Date employed	Date left	
Title and duties					
Reasons for leaving	If your employment records exist under another name, please specify		May we check reference? <input type="checkbox"/> yes <input type="checkbox"/> no		

Company name	Address	City	State	Zip	Phone
Type of business		Supervisor's name and title		Date employed	Date left
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Title and duties					
Reasons for leaving		If your employment records exist under another name, please specify		May we check reference? <input type="checkbox"/> yes <input type="checkbox"/> no	

**\*ATTACH OTHER EMPLOYMENT RECORDS WITHIN THE LAST 10 YEARS.**

**REFERENCES (Professional references not related to you)**

Name	Occupation	Address	Phone

**PRE-EMPLOYMENT QUESTIONS**

What team and leadership skills are your strongest?
Describe an accomplishment that you are particularly proud of and why.
How does this position fit in with your long term goals?
What are the key motivators that encourage you to perform at your best?

**Pre-employment Statement:**

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that any false statement on this application, my resume, or during interviews, can be justification of refusal of employment, or if employed, termination from Syringa Hospital employ. In processing my application, the hospital may verify all the information provided by me. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, herby releasing them from any and all liability for damages arising from furnishing the requested information. In consideration of my employment, I agree to comply with the policies, rules, regulation, and procedures of the hospital and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the hospital or myself.

By checking this box and submitting this information to Syringa Hospital and Clinics, I am attesting to this statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_