



# Lost Rivers Medical Center

551 Highland Drive - P. O. Box 145  
Arco, ID 83213 – 208-252-7654

*Your Place For Comprehensive Care Close To Home*

## APPLICATION FOR EMPLOYMENT revised 2/17/2020

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. *Please be advised that per requirements set forth by the Department of Homeland Security, should you be the successful candidate for the position being applied for, upon hire you will be required to present 2 forms of identification:*

- A copy of a current Passport OR
- A copy of your Social Security card AND current driver's license

*You will also be subjected to drug and alcohol screenings before a formal "start" date will be communicated. Failure to pass LRMC's drug and alcohol pre-employment screening will eliminate you from being considered for any position applied for.*

*Please provide a copy of your resume' with this application.*

PERSONAL	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip Code			Work Telephone
	Have you ever been employed by us? If yes, please provide dates and location			Social Security Number
	Position(s) Applied For			Pay Expected
	Are you available for full time work? If not, what hours are you available?			Email Address:
	Are you legally eligible for employment in the United States? Yes or No			When would you be available to start work?
	<i>List the different states you have lived in for the past 10 years:</i>			
Other special training or skills (languages, machine operation, etc.)				

EDUCATION	Type of School	Name and Location of School	Course of Study	Number of Years Completed	Did you graduate (yes or no)?	Degree or Diploma
	Graduate					
	College					
	High School					
	Other (specify)					

**EMPLOYMENT HISTORY**

1	Company Name, Address, and Type	From		To		Duties Performed	Start Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

**EMPLOYMENT HISTORY**

2	Company Name, Address, and Type	From		To		Duties Performed	Start Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

**EMPLOYMENT HISTORY**

3	Company Name, Address, and Type	From		To		Duties Performed	Start Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

4	Company Name, Address, and Type	From		To		Duties Performed	Start Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

May we contact the employers listed above?  Yes  No If not, indicate by number which one(s) you do not wish to be contacted. \_\_\_\_\_

**PERSONAL REFERENCES** (not former employers or relatives)

Name and Occupation	Address	Telephone