

Application for Employment

Check facility applying for

WEST HILLS HOSPITAL

1240 East Ninth Street

Reno, Nevada 89520

775-323-0478

WILLOW SPRINGS CENTER

690 Edison Way

Reno, Nevada 89502

775-858-3303

Last Name	First Name	MI
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*All statements made by applicants for employment may be checked for accuracy.

Employment History*

(Please complete the following beginning with your most recent position and going back for 10 years including any military service – please account for any breaks in employment on page 3)

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
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Reason for leaving:	

* A resume may be attached; however, all information requested on the application and not contained in the resume must be completed in order to be considered for any position with the company. Omissions will automatically invalidate the application and terminate the employment process.

Comments regarding breaks in employment:

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain:

Skills/Training

Special skills you possess or specific training received that are applicable to the positions being applied for:

Professional Registration/Licensure or Certification

Type	State	ID No.	Expiration Date

Other states where formerly or currently registered?

Is your professional license or registration currently suspended or revoked in any state? Yes No

If yes, explain:

Have you ever worked for West Hills Hospital and/or Willow Springs Center Hills Hospital/Willow Springs Center or PSI?

Have you ever had a professional license or registration revoked in any state? Yes No

If yes, explain:

Certification

By signing this application, and as an applicant for employment, I understand and certify the following:

- The information given by me in this application is complete and true in all respects. Any omission, misrepresentation or falsification will preclude my application from further consideration. If employed, the subsequent disclosure of any omission, misrepresentation or falsification of information will result in the termination of my employment.
- Nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between West Hills Hospital and/or Willow Springs Center Hills Hospital and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon West Hills Hospital and/or Willow Springs Center Hills Hospital unless made in writing.
- **If I am offered employment by West Hills Hospital and/or Willow Springs Center Hills Hospital, my employment will be for no definite term and that either I or West Hills Hospital and/or Willow Springs Center Hills Hospital will have the right to terminate the employment relationship at any time, without cause and with or without notice. I also understand that this status can only be altered by a written contract that is specific as to all material terms and is signed by me and the CEO of West Hills Hospital and/or Willow Springs Center Hills Hospital.**
- West Hills Hospital and/or Willow Springs Center Hills Hospital will make all necessary and appropriate investigations to verify the information contained herein. I authorize and consent to my current and former employers, educational institutions and/or persons or organizations named in this application to release information to West Hills Hospital and/or Willow Springs Center Hills Hospital that may be required to make an employment decision.
- If I am offered employment, an investigative consumer report will be completed for employment purposes as appropriate to the position and upon my written authorization. I will have the right to make a written request for a complete and accurate disclosure.
- If I am offered employment, my employment is conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States and the satisfactory completion of a pre-employment drug screening for substance abuse.
- Any employee handbook or other personnel policies maintained by West Hills Hospital and/or Willow Springs Center Hills Hospital do not constitute an employment contract, but are merely gratuitous statements of West Hills Hospital and/or Willow Springs Center Hills Hospital's current policies.

Applicant Signature

Date

This application will remain active for a period of 90 days.

It is the policy of West Hills Hospital and/or Willow Springs Center Hills Hospital to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability or any other legally protected status as required by federal or state law.

For West Hills Hospital and/or Willow Springs Center Hills Hospital Use Only

- Notice/Authorization for Release of Information for Employment Purposes/Investigative Consumer Report
- Drug Screening Authorization

EMPLOYMENT REFERENCES

Candidate Name:	Date:
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Company Name & Contact:	
Address:	
City, State, Zip:	
Telephone Number: () - ext.	Relationship to you:

Company Name & Contact:	
Address:	
City, State, Zip:	
Telephone Number: () - ext.	Relationship to you:

Company Name & Contact:	
Address:	
City, State, Zip:	
Telephone Number: () - ext.	Relationship to you: