

# Stonehenge

## Employment Application

*Stonehenge is an equal opportunity employer and does not lawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by federal, state, or local law. This prevails throughout the employment relationship, including, but not limited to recruitment, selection, training, transfer, compensation, promotion, demotion, layoff and termination.*

### PERSONAL DATA

Full Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
City

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Are You Over The Age of 18? \_\_\_\_\_

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

Do you have any relatives or personal acquaintances working here? \_\_\_\_ Yes / \_\_\_\_ No  
If yes, indicate name and relationship; \_\_\_\_\_

Are you eligible to work in the United States legally? \_\_\_\_ Yes / \_\_\_\_ No

Have you ever been convicted, pled guilty or no contest to a crime? This includes misdemeanors (except parking violations), gross misdemeanors and felonies. A conviction, guilty plea or no contest will not necessarily disqualify you for employment consideration.

\_\_\_\_ Yes / \_\_\_\_ No / If Yes, give dates and explanation

How did you find out about our company, positions?

### EMERGENCY CONTACT INFORMATION

In case of Emergency, notify: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**WORK AVAILABILITY**

Position Desired: \_\_\_\_\_ When can you start? \_\_\_\_\_

Are you applying for: \_\_\_\_\_ Full-Time / \_\_\_\_\_ Part-Time / \_\_\_\_\_ On-Call

Check shifts you are able to work: \_\_\_\_\_ 1<sup>st</sup> Shift / \_\_\_\_\_ 2<sup>nd</sup> Shift / \_\_\_\_\_ 3<sup>rd</sup> Shift (Graveyard)

Can you rotate shifts? \_\_\_\_\_ Yes / \_\_\_\_\_ No - Can you work weekends? \_\_\_\_\_ Yes / \_\_\_\_\_ No

Do you now or do you anticipate having any activities, commitments or responsibilities that may prevent you from meeting your work attendance requirements? \_\_\_\_\_

Approximate salary expected? \_\_\_\_\_ Per Hour

Given your knowledge, skills, education and experience, are you able to perform all the essential functions of the position for which you are applying, with or without reasonable accommodation as set forth in the job description? \_\_\_\_\_ Yes / \_\_\_\_\_ No

**EDUCATION**

Indicate Business School, School of Nursing, College or University attended.

Name of School	Location (City and State)	Course of Study (Major)	From	To	Degree, Diploma Or Certificate
			Mo Yr	Mo Yr	

Do you plan to resume your education? \_\_\_\_\_ Yes / \_\_\_\_\_ No / \_\_\_\_\_ Undecided

If yes, when? \_\_\_\_\_ Name & Location \_\_\_\_\_

**EMPLOYMENT INFORMATION**

<b>1. Employer (Most Recent)</b>	<b>2. Employer</b>
Address	Address
City/State/Postal Code	City/State/Postal Code
Supervisor Name/Phone #	Supervisor Name/Phone #
Can we contact your Supervisor?	Can we contact your Supervisor?
Start Date: End Date:	Start Date: End Date:
Position:	Position:
Starting Salary:  Ending Salary:	Starting Salary:  Ending Salary:
Reason for Leaving	Reason for Leaving
<b>3. Employer</b>	<b>4. Employer</b>
Address	Address
City/State/Postal Code	City/State/Postal Code
Supervisor Name/Phone#	Supervisor Name/Phone#
Can we contact your Supervisor?	Can we contact your Supervisor?
Start Date: End Date:	Start Date: End Date:
Position:	Position:
Starting Salary:  Ending Salary:	Starting Salary:  Ending Salary:
Reason for Leaving	Reason for Leaving

***PROFESSIONAL LICENSE AND/OR CERTIFICATE***

Type of License or Certificate	State	License or Certificate #	Year Issued	Do not write in this space Verification / Date of Expiration

I authorize the investigation of my background including all information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered. I understand and agree that any offer of employment is contingent upon satisfactory completion of your pre-employment investigation which includes but is not limited to health assessment, criminal history check, educational and work verification, reference checks, consumer report and any investigation required by local, state, or federal laws. I understand that if I am hired, my employment will be for an indefinite period of time and will be “at will” which means that either you or us (the employer) may terminate the employment relationship at anytime and for any reason

If employed and in consideration of my employment, I agree to conform to the rules, policies and procedures of Stonehenge. I further understand that no one has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing policy.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date



## Criminal Background Screening Authorization Form

Application:

Facility Name:

First Name:

Last Name:

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I hereby authorize the Utah Department of Health (UDOH) to submit my Direct Patient Access Application to the Utah Bureau of Criminal Identification (BCI) for processing in accordance with Utah Code Annotated Title 21 Chapter 26 Part 2. I authorize BCI to access and review State and Federal criminal history records and provide that information to the UDOH to be used to make a clearance determination. I do hereby release UDOH and BCI, all persons, organizations or government agencies from any damages of, or resulting from, furnishing such information. I have been provided with a copy of this form.

I have read and understand the foregoing and my certification is true and correct to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Facility Representative: \_\_\_\_\_

Date: \_\_\_\_\_

