

Crook County Medical Services District Application
PO Box 517 | 713 W. Oak St Sundance WY 82729
307-283-3501



Crook County Medical Services District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from the consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Human Resources Department.

Please fill out all of the sections below:

Date: _____

Applicant Information

Applicant Name: _____

Address: _____

City, State, & Zip Code: _____

Telephone Number: _____

Email Address: _____

Employment Position

Position (s) applying for: _____

How did you hear about this position? _____

Date available to start? _____

Personal Information

Are you a U.S. citizen or approved to work in the United States? *(Please Circle)* Yes or No

Have you ever been convicted of, or plead guilty, to a crime other than misdemeanor traffic violations? Yes ☐ No ☐

If yes, which state(s), and explain: *(You are not required to disclose any sealed or expunged criminal records.)*

Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state of the United States? Yes ☐ No ☐ If yes, which state(s) and explain:

Have you ever been sanctioned, cited, reported, or excluded from participation in Medicare, Medicaid, or any other healthcare related law or regulation? Yes ☐ No ☐ If yes, explain:

Sex (Please use check box) Female ☐ Male ☐ Wish to not answer ☐

Race (Please use check box)

American Indian or Alaska Native ☐ Black or African American ☐

Other Race ☐ White ☐ Hispanic/Latin ☐ Asian ☐ Wish to not answer ☐

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Crook County Medical Services District complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education & Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military

Have you served in the Armed Forces? (Please circle) Yes or No

Branch: _____ From: _____ to _____

Applicable skills: _____

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Dates Employed: _____

Reason for Leaving: _____

May we contact your employer? (Please circle) Yes or No

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Dates Employed: _____

Reason for Leaving: _____

May we contact your employer? (Please circle) Yes or No

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State, and Zip Code: _____

Dates Employed: _____

Reason for Leaving: _____

May we contact your employer? (Please circle) Yes or No

References

(Please List at least three references)

Name	Contact Phone Number	Years Know/Relationship

AT- WILL EMPLOYMENT

The relationship between you and Crook County Medical Services District is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Crook County Medical Services District. No representative of Crook County Medical Services District has authority to enter into any agreement contrary to foregoing “employment at will” relationship. You understand that your employment is “at will”, and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our Chief Operations Officer.

Applicant Signature: _____ Dated: _____