

INTERNAL APPLICATION FOR EMPLOYMENT

This form is to be used by **current** Portneuf Medical Center employees only.
To be considered, all applications must have the current manager's signature.

Date of Application: _____

Last Name _____ First Name _____ Employee # _____

Address _____ City _____ Zip _____

Phone Numbers Home _____ Work _____ Other _____

Position(s) Desired

1. # _____ Job Title _____ Department _____ Shift _____

2. # _____ Job Title _____ Department _____ Shift _____

Do you have any relatives currently employed in the department(s) for which you are applying? YES NO
If so, what Position/Relationship? _____

Transfer (to replace current assignment) **Additional Assignment** (in addition to current assignment)

Please explain specifically how you feel this position could enhance your career growth and development: _____

Please select the option that best describes your reason for wishing to change assignments:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Better Pay | <input type="checkbox"/> Scheduling / Hours | <input type="checkbox"/> Promotional Opportunity | <input type="checkbox"/> Management Reputation |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Technological Advancement | <input type="checkbox"/> Educational Opportunity | <input type="checkbox"/> Less Stress |
| <input type="checkbox"/> Work Environment | <input type="checkbox"/> Worked there Previously | <input type="checkbox"/> Challenging Opportunity | <input type="checkbox"/> Flexibility |

Current Assignment Information

Current Job Title _____ Department _____ Shift _____

How long have you held this position? _____ Current Manager _____

Please describe your major duties and accomplishments while in this position: _____

Education

Please list all of the education/degrees that you have received beyond high school. List your HIGHEST DEGREE FIRST.

MAJOR	DEGREE	SCHOOL	GRADUATION DATE

Are you currently enrolled: Yes No Last year attended: _____ Major: _____

Check the last level of school you have completed:

- | | | | |
|--|---|---|---|
| Undergraduate: <input type="checkbox"/> Freshman | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Junior | <input type="checkbox"/> Senior |
| Graduate: <input type="checkbox"/> 1 st year | <input type="checkbox"/> 2 nd year | <input type="checkbox"/> 3 rd year | <input type="checkbox"/> 4 th year |

Licensure / Registration / Certification

Please list all professional licenses, registrations, and/or certifications that you hold.

LIC / REG/ CERT TYPE	LICENSE NUMBER	STATE	EXPIRATION DATE

Check all of the following CPR certifications that you hold:

- First Aid BLS ACLS PALS NRP TNCC

Please list any other relevant certifications or training that you have received: _____

Job Skills

Check all of the following that you have experience with:

- PC Windows Internet AS/400 Microsoft Outlook
 Word Excel Powerpoint Access Medical Terminology
 PC Graphics Desktop Publishing Database LAN Writing/Editing

Typing Speed: _____ WPM 10-Key by Touch: _____ SPM

Please list other specific software programs used: _____

Please list relevant equipment / machinery operated: _____

Please list any other special skills: _____

Other Relevant Work Experience

Please list any previous jobs that relate to the position for which you are applying:

Company Name	Type of Business	Location
Title & Duties		
Reason for Leaving	Date Employed	Date Left

Company Name	Type of Business	Location
Title & Duties		
Reason for Leaving	Date Employed	Date Left

Signatures and Approvals

I am requesting consideration for the above listed position(s). I understand that I must have been employed in my current position for at least 90-days in order to be considered for a transfer.

Employee Signature

Date

I certify that this employee has been employed in their current position for at least 90-days, (or this position represents a promotion in pay, benefits, and/or hours), and is:

- NOT currently under disciplinary review and maintains satisfactory job performance;
 Currently is under a performance improvement plan or disciplinary action. (Please see file.)

Current Manager Signature

Date