

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Language

Do not complete unless requested

Language Do You? Speak Fair Read Fair Write Fair
 Good Good Good
 Fluent Fluent Fluent

Language Do You? Speak Fair Read Fair Write Fair
 Good Good Good
 Fluent Fluent Fluent

Disclaimer and Signature

Carefully read this section prior to providing signature below

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Signature: _____ Date: _____

OFFICE USE ONLY

To be completed after employed Hired? Yes No See Comments below

References checked and by whom? Reference #1 Date Reference #2 Date Reference #3 Date

Personnel Notes (these notes are open to inspection—keep information factual) _____

If applicant is 18 yrs. Old or less
 Is proof of age on file Yes No

Interviewer's Signature

Starting Date Exempt Completion of Evaluation Period Approved By
 Non-Exempt Date

Department Cost Center Signature

Position/Job Site Full Time On Call Status
 Part Time Rotation

Starting Salary/Grade Differential Shift Employee Number

KEARNY COUNTY HOSPITAL
Pre-Employment Drug and Alcohol Screening Consent
Form

I understand that all applicants who have received an "offer to hire" from **Kearny County Hospital ("Company")**, are required, as a condition of employment, to take a drug/alcohol screening test.

I consent freely and voluntarily to the Company's request for a urine or other specimen or sample for the purpose of determining the presence of drugs, alcohol or other controlled substances, and I authorize Clinical Reference Laboratory, its physicians, technicians and laboratories to do so. Further, I understand and agree that the results of those tests may be given to a Medical Review Officer (MRO) and/or a Company designee for review.

I understand that either failure to submit a specimen or sample or if analysis reveals the presence of drugs, alcohol or other controlled substances, the "offer to hire" is immediately and wholly revoked and I will be disqualified from any further employment consideration for a period of one year.

I hold harmless the Company, its officers, agents, employees, shareholders, directors and volunteers as well as the testing agency from any claims I may have against any or all of them arising out of the drug or alcohol screening test and its use to determine whether I may be employed to the Company.

I have read this form in full and understand the above statements and that the "offer to hire" is contingent upon the conditions set forth herein.

Name (print): _____

Signature: _____

Social Security Number _____

Witness: _____

Date: _____

Kearny County Hospital
Village
500 Thorpe St.
Lakin, KS 67860
620-355-7111

High Plains Retirement
607 Court Place
Lakin, KS 67860
620-355-7836

AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

TO ALL EMPLOYERS, PAST AND PRESENT

I, _____, hereby authorize the release and disclosure of information to Kearny County Hospital or High Plains Retirement Village, Lakin, Kansas, my prospective employer(s), concerning my employment with your company.

Further, upon written request by Kearny County Hospital or High Plains Retirement Village to my former employer(s), I authorize the release of the following information concerning my employment:

- (a) Date of employment
- (b) Pay level
- (c) Job description and duties
- (d) Wage history
- (e) Written employee evaluations, which were conducted prior to my separation from employment. (I understand that I may receive a copy, upon request.)
- (f) Whether I was voluntarily or involuntarily released from service, and the reason for the separation, and
- (g) The date of termination

I understand that you are protected in providing this information under Kansas House Bill 2029, effective 07/01/95 (1995 L. CH. 122).

A photostat or facsimile copy of this authorization shall be considered as effective and valid as the original.

Date

Prospective Employee Signature

Social Security Number

(KCH Employee Records Release/HPBO/Word Docs)