



Application for Employment

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include, but is not limited to, a criminal record check. Interviews or inquiries of prior employers, co-workers, acquaintances, relatives or friends.

If you would like a copy of this application for your records please make a copy before submitting to us. Please Note: * denotes required fields

*First Name: _____ *Last Name: _____

*Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

*Phone w/Area Code: _____ - _____

*Social Security Number: _____

E-mail: _____

*Date Available: _____

Desired Salary: _____

*Position Applying for: _____

Are you a citizen of the United States? Yes No

If No, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No

If yes, When? _____

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

Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state in the United States? _____

If yes, which state(s), and explain: (You are not required to disclose any SEALED or EXPUNGED criminal records) _____

Have you been sanctioned, cited, reported, or excluded from participation in Medicare, Medicaid, or any other healthcare related law or regulation? _____

If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.

Education

High School: _____

Attendance: From: _____ To: _____

Did you graduate? _____ Yes _____ No

Degree: _____

College: _____

Attendance: From: _____ To: _____

Degree: _____

Other Education: _____

Attendance: From: _____ To: _____

Professional Licenses & Certifications

Type of License/Certification: _____

License or Registration:

- Currently Licensed
- Eligible for License
- Currently Registered
- Eligible for Registration

State: _____ Date: _____

License/Certification Number: _____

Has your License or Certification ever been suspended, revoked or on probation? ____ Yes ____ No

If Yes, Please Explain: _____

Type of License/Certification: _____

License or Registration:

- Currently Licensed
- Eligible for License
- Currently Registered
- Eligible for Registration

State: _____

Date: _____

License/Certification Number: _____

Has your License or Certification ever been suspended, revoked or on probation? ____ Yes ____ No

If Yes, Please Explain: _____

Type of License/Certification: _____

License or Registration:

- Currently Licensed
- Eligible for License
- Currently Registered
- Eligible for Registration

State: _____

Date: _____

License/Certification Number: _____

Has your License or Certification ever been suspended, revoked or on probation? ____ Yes ____ No

If Yes, Please Explain: _____

Previous Employment

Company: _____

Number: _____

Supervisor: _____

Job Title: _____

Salary: Beginning: _____ Ending: _____

Responsibilities: _____

Years Employed: From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____

Number: _____

Supervisor: _____

Job Title: _____

Salary: Beginning: _____ Ending: _____

Responsibilities: _____

Years Employed: From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____

Number: _____

Supervisor: _____

Job Title: _____

Salary: Beginning: _____ Ending: _____

Responsibilities: _____

Years Employed: From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

References

First Name: _____ Last Name: _____

Phone w/Area Code: _____ - _____

Relationship: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

First Name: _____ Last Name: _____

Phone w/Area Code: _____ - _____

Relationship: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

First Name: _____ Last Name: _____

Phone w/Area Code: _____ - _____

Relationship: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Language

Do you Speak/Read/Write any other languages than English?: _____

Disclaimer and Signature

Carefully read this section prior to providing signature below:

I hereby affirm the information provided on this (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 of this facility and notarized.

Signature: _____

Date Signed: _____

Completed application may be turned into Kearny County Hospital, or mailed to:

Kearny County Hospital
Attn: HR Dept.
500 E. Thorpe St.
Lakin, KS 67860