



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Instructions: Please print all information and complete every part of this application. If there is a question that does not apply to you, mark "N/A." Do not leave any question unanswered. Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.

Positions applied for: (1) _____ 2) _____
Today's date: _____ Date you can start: _____

How did you learn about this job? _____

PERSONAL INFORMATION

Name: _____

_____ Last First Middle

Home Address: _____

_____ Mailing Address City State Zip Code

Home Phone: _____ Other Phone: _____

Are you available: Full-time Part-time Temporary

Have you applied for a job with us before? No Yes (If yes, state date): _____

Have you been employed by us before? No Yes (If yes, state date and jobs): _____

Do you have relatives employed by us? No Yes, the following relatives: _____

Have you ever been convicted of a felony, or of any crime relating to theft or dishonesty, or involving acts of violence? No Yes, as follows: _____

I hereby authorize Sheridan County Health Complex to obtain my criminal history record information, if any, to determine my fitness for employment.

Applicant Signature Date

*Note: A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job for which application is made.

Are you a citizen of the United States, or specifically authorized to be employed in the United States?*

Yes No

*Note: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.

PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (you may omit dates for jobs held more than five years ago). May we contact your current employer? Yes No

1. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

2. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary _____

Reason for leaving _____

3. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary _____

Reason for leaving _____

EDUCATION AND TRAINING

Name and location of high school _____

_____ Graduated? Yes No

Please list technical or trade school, college, and post-graduate education, if any:

School/College	Level Completed	Degree	Major Subjects
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER SKILLS

Describe any computer, tool, equipment or office machine skills and proficiency level:

Describe any other special skills or qualifications which may help you in the position applied for:

List all licenses or certificates held, including state, license or certificate type, date issued, and license or certificate number:

List any relevant professional or business organizations to which you belong (Optional):

VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military Branch: _____ Dates of Service: _____

Discharge Date: _____ Honorable Discharge? Yes No

Note: A less than honorable discharge will automatically disqualify you from employment.

REFERENCES

Please list three personal references, other than prior employers or relatives, whom we can contact.

1. Name _____ Phone (_____) _____
Address _____
How long known? _____ Occupation _____

2. Name _____ Phone (_____) _____
Address _____
How long known? _____ Occupation _____

3. Name _____ Phone (_____) _____
Address _____
How long known? _____ Occupation _____

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I, _____, hereby authorize the release and disclosure of employment information to Sheridan County Health Complex, Hoxie, Kansas, my prospective employer, concerning my employment with your organization. Upon written you may release:

1. Dates of employment
2. Pay level
3. Job description and duties
4. Wage history
5. Written employee evaluations, which were conducted prior to my separation from employment. (I understand that I may receive a copy, upon request.); and
6. Whether I was voluntarily or involuntarily released from service, and the reason for the separation.

Applicant Signature

Date

ACKNOWLEDGMENT AND CERTIFICATION

By signing below, I certify that the 1) answers and information set out in this application are true and correct; 2) information submitted in my resume, if any, is true and correct; and 3) statements and information provided in my interview(s), if any, are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer, statement or information is not true, accurate, correct or complete, I may not be hired, or if hired, I may be discharged. I voluntarily and knowingly authorize Sheridan County Health Complex to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Sheridan County Health Complex with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I voluntarily and knowingly authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, private business, personal reference and/or other persons to give records or information they may have concerning my earnings history, health, character and employment records or any other information requested Sheridan County Health Complex. I authorize the investigation of all statements provided during the process of this application. I voluntarily and knowingly, unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original. I realize that as a condition of employment, I will be required to show original documentation of both identify and eligibility to work in the United States.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Sheridan County Health Complex has the authority to make oral contracts of employment. If hired, my employment relationship with Sheridan County Health Complex is terminable at-will, with or without cause, by either myself or Sheridan County Health Complex.

I also understand that in the event I am offered a position with Sheridan County Health Complex, employment is conditioned upon my passing a possible background check, drug test, tuberculosis test and a physical examination which is administered by a health care professional selected by Sheridan County Health Complex, to which I hereby consent.

Applicant Signature

Date

List all names used in the past:

ADDITIONAL INFORMATION

You may provide additional information that you believe is important for consideration:

