

KIOWA COUNTY MEMORIAL HOSPITAL

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date of Application: _____

PERSONAL INFORMATION

Name (Last, First, Middle)	
Present Address: (Street, City, State, Zip)	Phone Number:
Permanent Address: (Street, City, State, Zip)	Phone Number:
If you cannot be reached at above phone number, where may we contact you: Phone:	Name of Person:

EMPLOYMENT DESIRED / AVAILABILITY

How did you learn of this opening?	Have you ever been found guilty, pled no contest, had a conviction for any felony or misdemeanor? No Yes If yes, please explain below.		
Type of Work Desired	Salary Desired	Shift	Have you ever been debarred or excluded from participation in Medicare, Medicaid, or any other federal or state funded health care program and have not been convicted of a health care related criminal offense? No Yes
First Choice			
Second Choice			
Third Choice			
Place a check in the box of all types of employment you will consider. Full Time Part Time Temporary On-Call/PRN Summer	Are you either a US citizen or an alien authorized to work in the United States? No Yes		
Please note your preference here: _____	Are there any accommodations that you would require Kiowa County Memorial Hospital to make regarding the work duties/responsibilities of the position for which you are applying? No Yes		
Place an X on all shifts you are willing to work. Days Nights Holidays Evenings Weekends	If yes, please indicate what accommodation(s) would be necessary:		
Date Available: _____	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.		
Are you 16 years of age or older? Yes No	Applicant's Electronic Signature _____ Date _____		

EDUCATION / TRAINING

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			No Yes	
College			No Yes	
Technical/ Other			No Yes	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verified

GENERAL

List other knowledge, skills and abilities which would qualify you for the position for which you are applying.

ACTIVITIES (Civic, Athletic, Etc.: [Exclude Organizations which may indicate race, creed, sex, age, marital status, color or national origin.])

Under what other name(s) have you previously been employed or attended school?

Please use this space to give us further information which may assist us in placing you.

EMPLOYMENT HISTORY (List most recent employer first.)

Company Name		Dates Employed Start Date: _____ End Date: _____			
Address (Street, City, State, Zip Code):		Phone:	Starting Salary \$	Ending Salary \$	
Position Title:	Supervisor's Name & Title:	May we contact for reference?	No Yes	(Employer Section) References Checked	No Yes
Job Responsibilities And/Or Accomplishments:		Reason for Leaving:			
Company Name		Dates Employed Start Date: _____ End Date: _____			
Address (Street, City, State, Zip Code):		Phone:	Starting Salary \$	Ending Salary \$	
Position Title:	Supervisor's Name & Title:	May we contact for reference?	No Yes	(Employer Section) References Checked	No Yes
Job Responsibilities And/Or Accomplishments:		Reason for Leaving:			
Company Name		Dates Employed Start Date: _____ End Date: _____			
Address (Street, City, State, Zip Code):		Phone:	Starting Salary \$	Ending Salary \$	
Position Title:	Supervisor's Name & Title:	May we contact for reference?	No Yes	(Employer Section) References Checked	No Yes
Job Responsibilities And/Or Accomplishments:		Reason for Leaving:			

REFERENCES (List three references who are not relatives or former employers.)

Name & Relationship	Title	Company Name & Address	Phone No.

STATEMENT FOR JOB APPLICATION

Kiowa County Memorial Hospital (KCMH) provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as disabled veteran in accordance with applicable federal laws. In addition, KCMH complies with applicable state and local laws governing non-discrimination in employment in every location which KCMH has facilities.

I hereby certify that the information given by me on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date. I further understand that a violation of fraud/abuse or misconduct in relation to Federal Healthcare Programs may disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date.

I understand that this employment application and any other KCMH document or agreement, either written or oral, are not contracts of employment. Employment may be terminated by either party at any time for any reason. I also understand that any offer of employment will be contingent on the following: proof of eligibility for employment as required by the Immigration Reform Act, satisfactory completion of a criminal background check, EPLS check, OIG check, and satisfactory completion of a health assessment with will include drug and alcohol screening.

I authorize current and previous employers, personal references, schools and organizations named in this application to provide KCMH with any relevant information that may be required to arrive at an employment decision, including but not limited to, dates of employment, wage history, job description and duties, pay rate upon termination, written employment evaluations, and reasons for termination from service. I hereby indemnify, release and hold harmless KCMH, all current and former employers, schools and organizations and their agents, employees, assigns of and from any and all liability resulting from any truthful responses given to KCMH as part of this investigation. I agree that, as to former employers and their agents, employees and representatives, such persons shall be immune from liability pursuant to the provision of K.S.A. 44-119a, as amended from time to time

I agree and understand all of the above. No Yes

Electronic Signature of Applicant

Date