

APPLICATION FOR EMPLOYMENT

HODGEMAN COUNTY HEALTH CENTER

An Equal Opportunity Employer

Instructions: Please print all information and complete every part of this application. If there is a question which does not apply to you, mark. "N/A". Do not 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

Mailing Address: _____

City

State

Zip Code

Home Phone: (____) _____ Other Phone: (____) _____

Are you available : Full-time Part-time Temporary

Please describe any work schedule limitations: _____

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 any crime relating to theft or dishonesty, or involving acts of violence?

No Yes, as follows : _____

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 applied for

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 received 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 not automatically disqualify you from employment.

REFERENCES

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

1. Name _____ Phone (____) _____

How long known? _____ Occupation _____

2. Name _____ Phone (____) _____

How long known? _____ Occupation _____

3. Name _____ Phone (____) _____

How long known? _____ Occupation _____

HODGEMAN COUNTY HEALTH CENTER

Name of Applicant

By signing below, I certify that the answers and information set out above are true (and accompanying resume, if any), or in the interview(s) is true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I voluntarily and knowingly authorize **Hodgeman County Health Center** to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and other with information regarding my work or 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 concerning my earnings history, health, character and employment records or any other information requested Hodgeman County Health Center. I authorize the investigation of all statements provided during the process of this application. I voluntarily and knowingly, unconditionally release any 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 condition of employment, I will be required to show original documentation of both identity 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 Hodgeman County Health Center has the authority to make oral contracts of employment. If hired, my employment relationship with Hodgeman County Health Center is terminable at-will, with or without cause, by either myself or Hodgeman County Health Center.

I also understand that in the event I am offered a position with Hodgeman County Health Center, employment is contingent upon my passing a background check, adult and child protective services check, the sexual offender registry, drug test, tuberculosis test and a physical examination which is administered by a health care professional selected by Hodgeman County Health Center, to which I hereby consent.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

Applicant's Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

TO : ALL EMPLOYERS, PAST AND PRESENT

I, _____, Hereby authorize the release and disclosure of information to Hodgeman County Health Center, Jetmore, Kansas, my protective employer, concerning my employment with your company.

Further, upon written request by Hodgeman County Health Center to my former employer(s) and any other necessary contracts, I hereby authorize the release said companies, schools, persons from all liability for any damage for issuing this information concerning my employment and background:

- (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
- (h) Credit verification
- (i) Criminal/background

I understand that you are protected in providing this information under the Kansas House Bill 2029, effective 7/1/95 (1995 L. CH. 122)

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

_____ Date	_____ Prospective Employee Signature
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_____ Social Security Number	_____ State Issued
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_____ Driver's License Number	
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List all names used in the past:

_____ _____	_____ _____
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