

Application for Employment

Hospital District #6 of Harper County - Anthony & Harper Campus

Important Notice: Complete each applicable section and provide accurate information to receive consideration for employment. Dates of previous employment must include month and year. Applicant's signature is required.

Human Resources Department • Anthony Campus • 1101 E. Spring St. • Anthony, KS 67003
• Harper Campus • 700 W. 13th St. • Harper, KS 67058

Applicant Statement

I certify that all information I provide in order to apply for and secure work with Hospital District #6 is true, complete and correct.

I understand that any information provided by me that is found to be false or misleading or incomplete or misrepresented, in any respect, will be sufficient cause:

- 1) to remove my application from further consideration
- 2) for my discharge immediately upon discovery

I expressly authorize, without reservation, Hospital District #6 and its representatives and employees and agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, and to verify the accuracy of all information provided by me on this application or in a resume' or during a job interview.

I hereby waive any and all rights and claims I may have regarding Hospital District #6 and its agents and employees and representatives, for seeking and gathering and using such information in the employment process. I hereby waive any and all rights and claims I may have regarding all individuals, corporations or organizations for furnishing such information about me to Hospital District #6.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Hospital District #6 and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If offered a position at Hospital District #6, I understand that while I may resign at any time, certain restrictions will be applied to me if I resign without providing a notice of resignation (two weeks-non-managerial staff, 30 days-management positions).

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Hospital District #6 is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Hospital District #6's Chief Executive Officer. I understand that if employed that my employment will be at the will of of HD6 and may be terminated at any time, for any reason, with or without cause or notice. I also understand that as an employee I may terminate employment with HD6 at any time, for any reason, with or without cause or notice.

I understand that if I am offered employment, all positions require a post-offer, pre-placement physical which includes a physical assessment, TB test, drug/alcohol screen and back strength evaluation and I agree to submit to these tests. I also understand I may be required to submit to drug or alcohol testing done randomly throughout employment or when reasonable suspicion indicates drugs or alcohol may have contributed to a work related accident or suspicious behavioral incident.

I am aware and understand that I will be required to provide proof of my identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms contained in this Applicant Statement.

Signature of Applicant: _____ Date: _____

" A Place Where You Can Make a Difference! "

Personal Information

Hospital District #6 of Harper County - Anthony & Harper Campuses

Important Notice: Hospital District #6 is an equal opportunity employer. Applications are considered for employment without regard to age, race, color, religion, sex, national origin, ancestry, medical condition, or disability.

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Position(s) applied for: _____ Today's Date: _____

Type of Employment: Full Time Part Time PRN Any

Desired Shift: Any Shift 7A-7P 7P-7A Days Evenings Nights

Date Available for Work: _____ What is Your Desired Salary Range: _____

How did you hear about us? Newspaper Employee Friend Other

Name (Last, First, Middle): _____ Email Address: _____

Street Address: _____ City/State/Zip: _____

Phone # () _____ Cell Phone # () _____

Social Security #: _____ Driver's License #: _____

Have you ever applied for employment with us? Yes No If **yes**, when? _____

Have you ever been employed by us? Yes No

If **yes**, list date(s) & position(s): _____

Please write down any other names you have been employed under: _____

Are you legally eligible for employment in the United States? Yes No

If you are under 16 years of age, can you furnish a work permit? Yes No

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If **yes**, please provide date(s) & details: _____

Have you ever been discharged from employment? Yes No

If **yes**, please provide details: _____

Will you work overtime if asked? Yes No

Will you work weekends? Yes No

List any reasons known to you why you might be unable to perform consistently and promptly any of the job duties for which you may be assigned? _____

Background and Experience

Employment History (starting with your most recent employer)

Employer _____ Telephone # _____
 Address _____ City/State _____
 Starting/Final Job Title _____
 Supervisor _____ May we contact them? Yes No
 Why did you leave?(provide as much explanation as possible) _____

 What were your job duties? _____

Dates Employed			
____/____	-	____/____	
month	year	month	year
Compensation (starting)			
Hourly	Salary	\$	per
Compensation (final)			
Hourly	Salary	\$	per

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month	year	month	year
Compensation (starting)			
Hourly	Salary	\$	per
Compensation (final)			
Hourly	Salary	\$	per

Education (starting with your most recent schooling)

School _____
 City _____ State _____
 School _____
 City _____ State _____
 School _____
 City _____ State _____

COURSE OF STUDY	YEARS COMPLETED	DIPLOMA, DEGREE OR CERTIFICATION	YEAR GRADUATED

Skills & Qualifications

Please summarize any special skills or training that is relevant to the position you are applying for

LIST LICENSES/CERTIFICATIONS WHICH ARE REQUIRED FOR THE POSITION		
TYPE	REGISTRATION #	EXPIRATION DATE
Are you licensed to practice in Kansas? Yes No		
SKILLS (if applicable)		
Typing _____ wpm Word Processing	10-key Operate Dictating Equipment	Medical Terminology

References (list the information requested for three references who are not related to you and are not previous employers)

Name _____ Address _____ Phone # () _____
 Name _____ Address _____ Phone # () _____
 Name _____ Address _____ Phone # () _____

If you need additional space in any section, please continue on a separate sheet of paper.