

Will you relocate if job requires it? YES NO
Will you travel if job requires it? YES NO

Are you able to meet attendance requirements of the position? YES NO

Will you work overtime if required? YES NO

If no, please explain _____

Have you ever been bonded? YES NO

Have you ever been convicted of a crime in the last (7) years? YES NO

If yes, please explain _____

(Conviction will *not* necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.)

Driver's license number _____ State _____

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other person, corporations or organizations for furnishing such information.

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

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary).

Date Employed FROM: _____
TO: _____

1.) _____

Employer _____ Phone # _____

Address _____

Job Title _____

Hourly Rate/Salary START: _____

Immediate Supervisor and Title _____

Hourly Rate/Salary FINAL: _____

Reason for Leaving _____
May We Contact For Reference? ____YES ____NO _____
Phone No. & Name of Supervisor(s) _____
Summarize the type of work performed and job responsibilities _____

Date Employed FROM: _____
TO: _____

2.) _____

Employer _____ Phone # _____

Address _____

Job Title _____

Hourly Rate/Salary START: _____

Immediate Supervisor and Title _____

Hourly Rate/Salary FINAL: _____

Reason for Leaving _____
May We Contact For Reference? ____YES ____NO _____
Phone No. & Name of Supervisor (s) _____
Summarize the type of work performed and job responsibilities _____

Date Employed FROM: _____
TO: _____

3.) _____

Employer _____ Phone # _____

Address _____

Job Title _____

Hourly Rate/Salary START: _____

Immediate Supervisor and Title _____

Hourly Rate/Salary FINAL: _____

Reason for Leaving _____
May We Contact For Reference? ____YES ____NO _____
Phone No. & Title of Supervisor (s) _____
Summarize the type of work performed and job responsibilities _____

Comments.(Including Explanation of any Gaps in Employment)_____

Skills and Qualifications.(Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.)

List special accomplishments, publications, awards, etc.(Exclude information which would reveal race, religion, national origin, sex, age, color, disability or other protected status.)

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.)

ORGANIZATION	OFFICES HELD

List any additional information you would like us to consider.

Name(s) & phone #(s) of person(s) to contact in case of emergency.

Name	Phone number

REFERENCES- (List name and phone number of three business/work references *not* related to you. Supervisors preferred. If not applicable, list three school or personal references who are *not* related to you.)

Name	Phone Number	Years Known

EDUCATIONAL BACKGROUND. (List last 3 schools attended, starting with most recent.)

A.) Schools attended, starting with most recent. B.) number of years completed. C.) Indicate degree or diploma earned, if any. D.) Grade point average. E.) Major field of Study. F.) Minor field of Study.

A.) School _____
B.) Number of years completed _____
C.) Degree Diploma _____
D.) GPA _____
E.) Major _____
F.) Minor _____

A.) School _____
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A.) School _____
B.) Number of years completed _____
C.) Degree Diploma _____
D.) GPA _____
E.) Major _____
F.) Minor _____

List other qualifications not mentioned that you have that make you a good candidate for this position.

**RUSH COUNTY MEMORIAL HOSPITAL
801 LOCUST STREET, PO BOX 520
LA CROSSE, KS 67548
PHONE 785-222-2545 FAX 785-222-2868**

(CONSENT TO REQUEST INFORMATION)

I have made application for employment (or am employed) at Rush County Memorial Hospital.

I know that Rush County Memorial Hospital is required by regulations found in 43 CFR 483.13 (c) (1) (ii) not to employ any individual who:

- (A) Has been found guilty of abusing, neglecting, or mistreating individuals by a court of a law: or
- (B) Has had a finding entered into the State Nurse Aide Registry concerning abuse, neglect, mistreatment of resident or misappropriation of a resident's property involving the employee or applicant for employment.

I know that Rush County Memorial Hospital is required by Federal and State laws to make an inquiry of the appropriate public records and licensing registry. Inquiries will be made of various courts of law and various law enforcement agencies. These inquiries are to determine if there are any records concerning me, of a conviction by a court of law of abuse, neglect, or mistreatment of an individual or a finding entered into a licensing registry concerning abuse, neglect, or mistreatment of resident or misappropriation of his/her property.

I am aware that if such information is found, any offer of employment will be withdrawn, or if I am an employee and such information is found, my employment will be immediately terminated.

I am also aware that if at any time during my employment by Rush County Memorial Hospital, that the Rush County Memorial Hospital acquires knowledge of my conviction of abuse, neglect, or mistreatment of an individual or the entry of a finding in a licensing agency concerning abuse, neglect, or mistreatment of resident or the misappropriation of his/her property, my employment by the Rush County Memorial Hospital will be terminated immediately. I also consent to take a blood test at the request of my supervisor or their supervisor for the determination of use of illegal substances, prior to employment or anytime after employment.

I hereby give my consent to the Rush County Memorial Hospital to make the inquiries described above. I also acknowledge that I am aware of what may be the result of such records as is described above.

(Signature)

(Date)

For Administrative Use Only

Position(s) applied for _____ Available Not Available

Other positions considered for _____

Hired Yes No Date of hire _____

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers Sales Workers Operatives(semi-skilled)

Professionals Office and Clerical Workers Laborers(unskilled)

Technicians Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date _____