



Minneola District Hospital

HUMAN RESOURCE DEPARTMENT * P. O. Box 127 * 212 Main * Minneola, KS 67865
 Phone: 620-885-4264 * Fax: 620-885-4632

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please Print in Ink or Type

Position(s) & Facility Applying For	Date Available For Work	Date of Application	Desired Salary

<p>Indicate all shifts that you would be available</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p>8 Hour Shifts: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights</p> <p>12 Hour Shifts: <input type="checkbox"/> 7am – 7pm <input type="checkbox"/> 7pm – 7am</p> <p>Part Time Days S M T W T F S Times: _____</p>	<p>How did you learn of our organization?</p> <p><input type="checkbox"/> Ad – please indicate which ad: _____</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Relative</p> <p><input type="checkbox"/> Walk-In or Inquiry</p> <p><input type="checkbox"/> Other /Referred By: _____</p>
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PERSONAL DATA

Last Name:	First Name:	MI:	Social Security #:
Street Address:	City, State:		Zip Code:
Home Phone:	Cell Phone:	E-Mail Address:	

Are you eligible to work in the United States?

- Yes, U.S. Citizen Yes, eligible to work permanently in U.S. Yes, eligible to work temporarily in U. S.
 No Not Sure

IF HIRED, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION VERIFYING CITIZENSHIP OR ELIGIBILITY TO WORK IN THE UNITED STATES

BACKGROUND INFORMATION

1. Are you 16 years of age or older? Yes No
2. Have you ever been convicted of a criminal offense, other than minor traffic offenses? Yes No
- If, Yes please explain: _____
- Conviction is not an automatic elimination from employment. Each case is considered individually; however, failure to identify a conviction is cause for automatic ineligibility for hire or dismissal.
3. Have you previously been employed by the Minneola Hospital District? Yes No If YES, please list the facility, date, and position held: _____

EDUCATIONAL BACKGROUND

Schools Attended	Name of School and Location	Did you Graduate?	Check one Box	Major/Minor
High School		<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED	
Technical Vocational Business or Military Training		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Total Credits ____	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate Date Received: _____	

College or University		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Total Credits ____	<input type="checkbox"/> Degree Date Received:
Graduate School		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Total Credits ____	<input type="checkbox"/> Degree Date Received:

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

SPECIAL SKILLS AND QUALIFICATIONS	LIST LICENSES/CERTIFICATIONS WHICH ARE REQUIRED FOR THIS POSITION		
	TYPE	REGISTRATION #	EXPIRATION DATE

Typing 10-Key Medical Terminology Microsoft Programs: _____
 Other, please list: _____ Are you licensed to work in Kansas? Yes No

EMPLOYMENT RECORD

Starting with your PRESENT or most recent EMPLOYER, please list all jobs you have had including experience in the military for at least the past five (5) years. Do not omit any work experience that may be unrelated to the job for which you are applying. PLEASE COMPLETE THIS SECTION EVEN IF YOU ARE PROVIDING A RESUME.

Name of Present or Most Recent Employer			
Employer's Address		City, State	Zip Code
From: / / thru / /	<input type="checkbox"/> Part Time: ____Hrs <input type="checkbox"/> Full Time	Job Title	
Reason(s) for Leaving			
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Supervisor's Name:		Phone #:
Your Name When Working Here		Salary (Circle One) \$ _____ Hr Wk Yr	
Name of Previous Employer			
Employer's Address		City, State	Zip Code
From: / / thru / /	<input type="checkbox"/> Part Time: ____Hrs <input type="checkbox"/> Full Time	Job Title	
Reason(s) for Leaving			
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Supervisor's Name:		Phone #:
Your Name When Working Here		Salary (Circle One) \$ _____ Hr Wk Yr	

Name of Previous Employer		
Employer's Address	City, State	Zip Code
From: / / thru / /	<input type="checkbox"/> Part Time: ___ Hrs <input type="checkbox"/> Full Time	Job Title
Reason(s) for Leaving		
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Supervisor's Name:	Phone #:
Your Name When Working Here	Salary (Circle One) \$ _____ Hr Wk Yr	

PROFESSIONAL CERTIFICATION/LICENSES

1) License/Registration #	Profession	Expiration Date	Are you CPR/BLS Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /
			Are you ACLS Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /
2) License/Registration #	Profession	Expiration Date	Any other Certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / / What? _____

REFERENCES

Please list individuals (other than friends or relatives) who are familiar with your work and educational qualifications

Name:	Name:				
Street Address:	Street Address:				
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone:	Relationship:	Phone:	Relationship:		

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age, or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination along with any future physical examinations, which could include a drug screening, as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form and that I will be subject to a probationary period.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Signature of Applicant

Date of Application