



HOSPITAL DISTRICT #1 OF RICE COUNTY

and Noble Place

P.O. Box 828, Lyons, Kansas 67554

Application for Employment

Thank you for your interest in Hospital Dist. #1 Rice County. The following information is requested to help us make the best possible placement with the hospital. All portions of this application must be completed. If you have a resume, please attach it to the application. **Please print legibly.** Additional sheets may be attached if identified as part of the application. You should not list any information that federal or state laws prohibits from being obtained during the pre-employment stage of the hiring process.

It is the policy of Hospital Dist. #1 Rice County to provide equal employment opportunities without regard to age, race, color, gender, national origin, marital status, or disability. **If you need assistance completing this application, please contact us. Hospital Dist. #1 Rice County will take reasonable steps in making the application process accessible to all individuals.**

JOB INTEREST

Position(s) applied for: 1. _____
2. _____

I prefer: _____ Full-time _____ Part-time _____ Temporary _____ PRN

APPLICANT INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone/Home _____ Telephone/Mobile _____

Social Security # _____ / _____ / _____ E-mail Address _____

How were you referred to Hospital Dist. #1 Rice County? _____

Are you legally entitled to work in the U.S.? ___ Yes ___ No Are you of legal age to work? ___ Yes ___ No

Have you ever been convicted of a felony crime? (An offense does not automatically bar employment.)
___ Yes ___ No If yes, please explain: _____

Have you previously applied for a job with Hospital Dist. #1 Rice County? ___ Yes ___ No When? _____

Have you previously been employed by Hospital Dist. #1 Rice County? ___ Yes ___ No When? _____

If yes, are you eligible for rehire? ___ Yes ___ No ___ Don't Know

Can you work overtime? _____ Yes _____ No

Can you work shifts? _____ Yes _____ No (Some jobs may require staffing 24 hours per day)

Can you work weekends? _____ Yes _____ No (Some jobs may require staffing 7 days per week)

When are you eligible for interviews? _____

On what date can you start work if employed by Hospital Dist. #1 Rice County? _____

EDUCATION, TRAINING, LICENSURE

School Name	Address	Number of Years Attended	Degree	Major
High School	_____	_____	_____	_____

Vocational	_____	_____	_____	_____
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College	_____	_____	_____	_____
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Graduate	_____	_____	_____	_____
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Additional course work or education you wish to consider: _____

List specific training, skills, experience, or qualifications you have which should be considered as part of this pre-employment application: _____

List current professional licenses:

Type of License	License Number	State Issuing	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

List any professional organizations to which you belong: _____

REFERNCES

Individual who are personally acquainted with you (do not include relatives):

Name	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD

Give a complete record of your employment history, including military service and periods of unemployment.
List your most recent position first.

1.

Dates: From	To	Employer's Name	Address, City, State, Zip	Area Code/Phone Number
Type of Business	Your Title	Supervisor's Name/Title		
Are You Eligible for Rehire?	Reason for Leaving			

2.

Dates: From	To	Employer's Name	Address, City, State, Zip	Area Code/Phone Number
Type of Business	Your Title	Supervisor's Name/Title		
Are You Eligible for Rehire?	Reason for Leaving			

3.

Dates: From	To	Employer's Name	Address, City, State, Zip	Area Code/Phone Number
Type of Business	Your Title	Supervisor's Name/Title		
Are You Eligible for Rehire?	Reason for Leaving			

4.

Dates: From	To	Employer's Name	Address, City, State, Zip	Area Code/Phone Number
Type of Business	Your Title	Supervisor's Name/Title		
Are You Eligible for Rehire?	Reason for Leaving			

List any additional information you would like us to consider: _____

Please read the following carefully before signing:

I certify the information in this application is correct to the best of my knowledge. I understand falsification of fact or significant omission is grounds for disqualification from further consideration, or for dismissal as an employee of Hospital Dist. #1 Rice County. I authorize Hospital Dist. #1 Rice County to contact former employers, schools, and references to verify my previous employment record, education and personal information.

If employed, I agree to abide by the rules, regulations, policies and procedures of Hospital Dist. #1 Rice County. I understand either Hospital Dist. #1 Rice County or I may terminate the employment relationship at any time with or without cause and with or without notice. I understand this status can only be altered by a written contract of employment that is specific as to all material terms and is signed by the Administrator of Hospital Dist. #1 Rice County and myself.

I understand that in compliance with the Federal Immigration and Reform and Control Act of 1986, I must complete and employment eligibility form and produce both an employment authorization and a means of identification within three days of being hired.

I understand that Hospital Dist. #1 Rice County is a smoke-free environment and employees are not permitted to smoke in the facility. I understand that Hospital Dist. #1 Rice County is an alcohol-free and illegal-drug free environment and employees are not permitted to drink alcoholic beverages or use illegal drugs while on duty.

Authorization Signature of Applicant

Date

This application will remain active for 90 days.