PHILLIPS COUNTY
HOSPITAL AND
MEDICAL CLINIC

Employment Application

PO Box 607 Phillipsburg, KS 67661 785-543-5226 www.phillipshospital.org

Applicant Information

Name: _____ Social Security # _____ Date: _____

Last First M.I.

Address: _____ Home Phone: _____ Cell Phone: _____

Street Address

_____ E-Mail Address: _____

City State ZIP Code

Position(s) Applied for: _____ Date Available: _____ Expected Rate of Pay: $ _____

	Circle One					
Have you ever been employed by us or any other Great Plains Health Alliance Facility?	Yes	No	If yes, when?		Other facility:	
Are you a citizen of the United States?	Yes	No	If no, are you authorized to work in the U.S.?		Yes No	
Have you ever been convicted of a felony? (Conviction of a criminal offense will not necessarily preclude your employment.)	Yes	No	If Yes, explain:			
Have you ever been convicted of any criminal offense relating to health care?	Yes	No	If Yes, explain:			
Have you ever been listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in any federal health care program, either temporarily or permanently?	Yes	No	If Yes, explain:			

How did you learn of position? _____

List any relatives currently working here: Name:_____ Relationship:_____

Name:_____ Relationship:_____

Are you available to work: Full Time Part Time PRN Temporary **(Circle all that apply)** **Shift Preference:** Days Evenings Nights Weekends Weekdays

Education

School	Name & Location	Course of Study	Years Attended	Did you Graduate?	List Diploma/Degree
High School					
College					
Other					

References

Please list two personal references. (Do not include relatives or former employers.)

Name: _____ Relationship: (Friend, co-worker, etc.) _____

Address: _____ E-Mail Address: _____ Phone: _____

Name: _____ Relationship: (Friend, co-worker, etc.) _____

Address: _____ E-Mail Address: _____ Phone: _____

Current / Previous Employment (Beginning with most recent, list all employment)

Company City, State	From Mo/Yr	To Mo/Yr	Reason for Leaving	Current or Ending Salary	Supervisor Name Phone Number	Okay to Contact Yes/No	Describe the Job Duties

Professional Licenses and Certificates

Type	Number	State	Issue Date	Expiration Date	Is current license under suspension? (if yes, explain)

Please list any other names that you have worked or been licensed under:_____

Disclaimer and Signature

EMPLOYMENT UNDERSTANDING (Please read and sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status 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 to be 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 and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I consent to take any and all pre-hire and post-hire testing as required and authorize the release of any and all testing results to this institution. I understand that an offer of employment may be contingent on passing the pre-hire requirements which relate to the essential duties I would be required to perform.

I understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I understand that receiving the annual Influenza vaccination and Tdap vaccination (every 10 years) is a condition of employment.

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**_____

This application will be kept on file for 90 days. If you desire to be considered for a job after 90 days, please contact the business office at Phillips County Hospital.