



619 South Clark • P.O. Box 828  
Lyons, KS 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	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Graduate	_____	_____	_____	_____	_____

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

**REFERENCE & PRIOR EMPLOYMENT CHECK**

Individual Contacted	Name of Firm	Results of Check