

LINCOLN COUNTY HOSPITAL

EMPLOYMENT APPLICATION

LINCOLN COUNTY HOSPITAL
PO BOX 406, LINCOLN, KS 67455
PHONE: 785-524-4403
FAX: 785-524-3034

Lincoln County Hospital is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED.

NAME _____ STREET ADDRESS _____
 Last First Middle
 APT # _____
 OR BOX _____ CITY _____ STATE _____ ZIP _____ SS # _____ - _____ - _____
 TELEPHONE () _____ - _____ ARE YOU 18 OR OLDER () YES () NO, IF NOT, BIRTH DATE _____

WERE YOU KNOWN TO ANY EMPLOYER, SCHOOL OR REFERENCE BY ANOTHER NAME? () YES () NO
 IF YES, INDICATE WHAT NAME: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

WHAT WAGE/SALARY DO YOU EXPECT? \$ _____
 IF HIRED, WHEN COULD YOU START TO WORK? _____
 ARE YOU WILLING TO TRAVEL? () YES () NO IF YES, WHAT PERCENTAGE? _____
 HAVE YOU EVER BEEN EMPLOYED BY LINCOLN COUNTY HOSPITAL BEFORE? () YES () NO
 IF YES, WHEN AND WHERE? _____

WHO REFERRED YOU TO LINCOLN COUNTY HOSPITAL FOR EMPLOYMENT?

LIST NAMES OF FRIENDS WORKING FOR LINCOLN COUNTY HOSPITAL:

AVAILABILITY:

HOW MANY HOURS PER WEEK ARE YOU AVAILABLE FOR WORK? _____ LIST TIMES BELOW

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

ARE THERE ANY HOURS, SHIFTS OR DAYS YOU CANNOT OR WILL NOT WORK? () YES () NO
 IF YES, WHEN: _____

HOW FAR DO YOU LIVE FROM THIS LOCATION? _____

DO YOU HAVE TRANSPORTATION TO WORK? () YES () NO

ARE YOU CURRENTLY ON LAYOFF STATUS, LEAVE OF ABSENCE OR OTHER SUSPENSION OF EMPLOYMENT AND SUBJECT TO RECALL WITH ANOTHER EMPLOYER? () YES () NO IF YES, PROVIDE DETAILS: _____

HAVE YOU EVER BEEN DISCHARGED (OR TERMINATED) BY ANOTHER EMPLOYER? () YES () NO
 IF YES, EXPLAIN: _____

CERTAIN POSITIONS WITHIN LINCOLN COUNTY HOSPITAL REQUIRE USE OF A CAR OR OTHER MOTORIZED VEHICLE.

IF USE OF SUCH A VEHICLE WERE REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING:

DO YOU HAVE A VALID DRIVER'S LICENSE? () YES () NO IF NO, CAN YOU OBTAIN ONE? () YES () NO

DO YOU HAVE ACCESS TO A CAR OR OTHER MOTORIZED VEHICLE? () YES () NO

DO YOU HAVE OR CAN YOU GET LIABILITY INSURANCE ON SUCH A VEHICLE? () YES () NO

YOUR DRIVING RECORD WILL BE CHECKED IF YOU DRIVE A COMPANY VEHICLE.

EDUCATION

HIGH SCHOOL _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ LAST GRADE COMPLETED _____

GRADE POINT AVG _____ DID YOU GRADUATE? () YES () NO STILL ENROLLED? () YES () NO

TRADE OR COLLEGE _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COURSE/MAJOR _____

GRADE POINT AVG _____ DID YOU GRADUATE? () YES () NO STILL ENROLLED? () YES () NO

EMPLOYMENT HISTORY: (start with most recent employer)

COMPANY _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

JOB TITLE _____ SALARY/WAGE _____ DATES WORKED: FROM _____ TO _____

STILL EMPLOYED? () YES () NO IF STILL EMPLOYED? MAY WE CONTACT THIS EMPLOYER? () YES () NO

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____

COMPANY _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

JOB TITLE _____ SALARY/WAGE _____ DATES WORKED: FROM _____ TO _____

STILL EMPLOYED? () YES () NO IF STILL EMPLOYED? MAY WE CONTACT THIS EMPLOYER? () YES () NO

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____

COMPANY _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE _____

JOB TITLE _____ SALARY/WAGE _____ DATES WORKED: FROM _____ TO _____

STILL EMPLOYED? () YES () NO IF STILL EMPLOYED? MAY WE CONTACT THIS EMPLOYER? () YES () NO

REASON FOR LEAVING: _____

NAME OF SUPERVISOR: _____

DURING THE LAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? () YES* () NO

IF YES, DESCRIBE: _____

***A conviction will not necessarily bar you from employment**

MILITARY SERVICE:

BRANCH OF SERVICE _____ DATE (ENTERED) _____ DATE (DISCHARGED) _____

RANK _____ DO YOU HAVE SERVICE-RELATED SKILLS APPLICABLE TO CIVILIAN EMPLOYMENT? () YES () NO

IF YES, DESCRIBE _____

ADDITIONAL INFORMATION:

LIST ADDITIONAL TRAINING OR EXPERIENCE _____

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with Lincoln County Hospital solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that Lincoln County Hospital reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between Lincoln County Hospital and its employees. At Lincoln County Hospital, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and Lincoln County Hospital retains the same rights. I further understand and agree that the administrator of Lincoln County Hospital is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the administrator of Lincoln County Hospital.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that Lincoln County Hospital and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, Lincoln County Hospital may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: Lincoln County Hospital does not hire persons who use illegal drugs. All persons seeking employment or employed with Lincoln County Hospital may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by Lincoln County Hospital, and further consent to have the specimen tested at a laboratory selected by Lincoln County Hospital.

I hereby certify that I (check one) do _____ or do not _____ use illegal drugs.

Signature _____ Date _____

**DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING
PROCUREMENT OF CONSUMER REPORT**

In connection with your application for employment and as part of the process of considering your candidacy as an employee, we may procure, or cause to be procured, a consumer report on you. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Print Name

Social Security Number

Applicant's Signature

Date

Date of Birth***

***(DATE OF BIRTH IS REQUIRED AS AN IDENTIFIER TO REQUEST CRIMINAL RECORDS ONLY. THIS COMPANY DOES NOT DISCRIMINATE BASED ON AGE.)