

Republic County Hospital Employment Application

Personal Information					Last Name, First Initial:
Name (Last, First, MI)					
Street address					
City, State, Zip					
Home phone number		Work phone number			
Facsimile number		E-mail address			
Social security number		Prof. license type/#/state/expiration			
Employment Desired					
Position applied for					
How did you hear about this position?					
Date available for work		Desired hours (full time, part time, etc.)			
Education					Today's Date:
	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma	
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 6):					

Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

2.	Employer		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

4.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

.....

.....

.....

.....

.....

.....

.....

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

.....

.....

.....

.....

.....

Identify what skills or certification you possess related to this position:

.....

.....

.....

.....

.....

If you are hired, what value would you add to our company?:

.....

.....

.....

.....

.....

Describe what you believe are the most unique features of your work history:

.....

.....

.....

.....

.....

Employment Application

Additional Information

Have you ever been employed with this Republic County Hospital or any other Great Plains Health Alliance facility before? Yes No

If Yes, when?

Do you have any friends or relatives employed by Republic County Hospital? Yes No

If Yes, please provide their names and relationship to you:

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you currently on "lay off" status and subject to recall? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No

If Yes, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" Yes No N/A

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		
Have you ever been excluded from participation in any Federal Healthcare Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question. If you are applying for a position with our company in the following states, please read the following instructions before responding.

Employment Application

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
 		
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
 		
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

PLEASE USE ADDITIONAL PAPER IF NECESSARY

Employment Application

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

_____ Republic County Hospital is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. Republic County Hospital desires to maintain a work environment that is free of sexual harassment and discrimination on the basis of race, color, religion, sex, sexual preference, national origin, age, handicap/disability, ancestry, marital status, status as a disabled veteran or any other status protected by Federal, State or local laws. Republic County Hospital will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the hospital.

Discrimination and Sexual Harassment Policy Statement

_____ Republic County Hospital will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the Republic County Hospital, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this hospital. The medical professional who reviews the test results will not be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

_____ I understand and agree that if I am employed, my employment will be “at-will”, which means that the Republic County Hospital may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, Republic County Hospital will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on Republic County Hospital unless made in writing and signed by the Hospital administrator.

Testing Authorization

_____ If offered a position with Republic County Hospital, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Hospital as a condition of employment.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

_____ I understand and agree that the Republic County Hospital’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Hospital is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY REPUBLIC COUNTY HOSPITAL.

_____ Signature

_____ Date

