

F. W. Huston Medical Center

Jefferson County Memorial Hospital, Inc.: including Clinic, Senior Living, Assisted Living, Envision Program, Pharmacy

APPLICATION FOR EMPLOYMENT

(Please print clearly and answer all questions, signatures required at X)

Personal Information

Date of Application _____ Date Available _____

Name _____ Social Security # _____
 (Last) (First) (Middle)

Street Address _____ City _____ State _____ Zip _____

Phone # (H) _____ Cellular Phone _____ If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone # _____

Permanent Address (if different than above) _____

Employment Desired

Type of Work Desired	Shift	Salary	Will you accept Employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary?
First Choice			Are You 18 Yrs. of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Choice			Are you Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Third Choice			May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
			How did you learn about our campus? _____

Education

Circle Highest Grade Completed 8 9 10 11 12 13 14 15 16 Scholastic Honors Rec'd: _____

Name of School	Location	Courses Taken	Completed	Degree or Certificate
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College			<input type="checkbox"/> Yes; <input type="checkbox"/> No	_____
Vocational or Business			<input type="checkbox"/> Yes; <input type="checkbox"/> No	_____
Professional Education			<input type="checkbox"/> Yes; <input type="checkbox"/> No	_____
Laboratory, X-Ray Training, Other			<input type="checkbox"/> Yes; <input type="checkbox"/> No	_____

Extracurricular Activities while in school _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service Or Other Qualification You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Were you in the U. S. Armed Forces? Yes No If yes, what branch? _____ Duty Dates: _____ - _____
 Rank at Discharge _____ From _____ To _____

Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number	Verification

Employment Record (list most recent position first)

APPLICANT NAME: _____

Present & Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	

If your former employment; education; military services are under a name other than indicated on front of application, please indicate:

Last

First

Middle Initial

Have you ever been convicted of a crime or exclusion action?

Yes

No

If Yes, for what, when and where? _____

Medicare Exclusion Policy

It is the policy of Jefferson County Memorial Hospital, Inc. to prohibit the employment of individuals into the Business Office or Management who have been recently convicted of a criminal offence related to health care or who are listed as debarred, excluded or otherwise ineligible for participation in federal health care programs. We therefore request that you disclose any criminal conviction, or exclusion activity.

References

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

F.W. Huston Medical Center 408 Delaware, Winchester, KS 66097

Phone: 844-536-9449

Fax: 844-845-0327

Release and Employment Understanding (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 which relates to the essential duties I would be required to perform and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that an offer of employment may be contingent on passing the physical examination including drug screen; and a complete background check.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days and I will show satisfactory evidence of identity and eligibility for employment.

X

Applicant's Signature_____
Date

PRINT NAME: _____

Availability Record

Please Indicate Days and Hours You Are Available For Work (Be Specific)

	Available "from" time	Available "to" time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Primary position desired _____

Will you accept another position? Yes No If Yes, what? _____Are you available to work: Weekends? Yes No Holidays? Yes No Rotating Shifts? Yes NoDo you limit your annual earnings due to Social Security or other reasons? Yes No

If yes, please state maximum amount you wish to earn: _____

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator of this facility.

X

Applicant's Signature_____
Date

Once completed, please fax to 844-845-0327 or email to mkeirns@fwhuston.com

This Page For Institution and Interviewers' Use Only

APPLICANT NAME: _____

Interviewer	Date	Comments

References & Prior Employment Check

Individual Contact	Name of Firm	Results of Check

Personnel Office Use-To Be Completed After Employed

Start Date: _____ Dept: _____ Position / Title: _____

Employee #: _____ Salary: _____ Emergency Contact: _____

Notes: