



EMPLOYMENT APPLICATION

Please Return to Human Resource Department
Mail: Clay County Medical Center, P.O. Box 512, Clay Center, KS 67432
Telephone: (785) 632-2144 • Fax: (785) 632-3686

Important Notice: Applications are taken for current position openings only. Applications will remain current until that position is filled. It will be necessary to reapply and fill out a new application for any future position openings.

Instructions: Complete each applicable section. Enter N/A if item does not apply to you. Provide accurate information including month and year of previous employment, read applicant statement and sign. A complete and signed application is required before employment consideration.

| | | |
|--|--------------|---|
| POSITION APPLIED FOR | DEPARTMENT | APPLICATION DATE (MM/DD/YY) ____/____/____ |
| APPLICANT INFORMATION | | |
| LAST NAME | FIRST | MIDDLE |
| STREET ADDRESS | | CITY |
| | | STATE |
| | | ZIP/POSTAL CODE |
| SOCIAL SECURITY NUMBER | PHONE NUMBER | E-MAIL ADDRESS |
| SOCIAL SECURITY NUMBER | | DATE AVAILABLE TO WORK |
| TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN | | |
| SHIFT DESIRED: <input type="checkbox"/> Any Shift <input type="checkbox"/> 7A-7P <input type="checkbox"/> 7P-7A <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights | | |
| Under what other name(s) have you previously been employed or attended school?: _____ | | |
| Have you been previously employed by CCMC? <input type="checkbox"/> Yes <input type="checkbox"/> No Position/Dept.: _____ From: _____ To: _____ | | |
| Reason For Leaving: _____ | | |
| How were you referred to CCMC? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> www.ccmcks.org <input type="checkbox"/> Radio <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other _____ | | |
| Are you legally eligible for employment in the United States and can you provide proof of identity? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| We are a tobacco-free workplace and preference is given to non-tobacco users. Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever been discharged from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date(s) and details. _____ | | |
| Have you ever been found guilty, pled no contest or had a conviction for any felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date(s) and details. _____ | | |

| | | | | |
|---|---------------|-----------------|-----------------|--|
| EDUCATION AND TRAINING | | | | |
| HIGH SCHOOL/GRADUATE EQUIVALENCY DIPLOMA | | | | |
| SCHOOL NAME | CITY | STATE | ZIP CODE | YEAR GRADUATED |
| COLLEGE/UNIVERSITY/PROFESSIONAL & TRADE SCHOOL - PLEASE START WITH MOST RECENT | | | | |
| 1. INSTITUTION NAME | DEGREE EARNED | COURSE OF STUDY | YEARS COMPLETED | GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADDRESS | | CITY | STATE | ZIP CODE |
| 2. INSTITUTION NAME | DEGREE EARNED | COURSE OF STUDY | YEARS COMPLETED | GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADDRESS | | CITY | STATE | ZIP CODE |
| 3. INSTITUTION NAME | DEGREE EARNED | COURSE OF STUDY | YEARS COMPLETED | GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADDRESS | | CITY | STATE | ZIP CODE |

SPECIAL SKILLS/CERTIFICATION/LICENSURES

Special knowledge, skills, and abilities to be considered - relevant to the position you are applying.

10-key Medical Terminology Operate Dictating Equipment List Other Skills: _____

Microsoft Office Suite: Word Excel Outlook Access PowerPoint Publisher Computer Programs: _____

| TYPE OF CERTIFICATE/LICENSE | REGISTRATION NUMBER | EXPIRATION DATE | ISSUING STATE/AUTHORITY |
|-----------------------------|---------------------|-----------------|-------------------------|
| | | | |
| | | | |
| | | | |

Are you licensed to practice in Kansas?
 Yes No

EMPLOYMENT HISTORY

STARTING WITH YOUR MOST RECENT EMPLOYER

| | | | | | |
|--------------|-------|--|--|--|--------------------------|
| FROM: | MONTH | YEAR | EMPLOYER | May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No | STARTING/FINAL JOB TITLE |
| TO: | MONTH | YEAR | EMPLOYER'S ADDRESS (CITY, STATE, ZIP CODE) | | SUPERVISOR'S NAME |
| PHONE NUMBER | | STARTING SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ per ____ | | ENDING SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ per ____ | |
| DUTIES: | | | REASON FOR LEAVING: | | |

| | | | | | |
|--------------|-------|--|--|--|--------------------------|
| FROM: | MONTH | YEAR | EMPLOYER | May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No | STARTING/FINAL JOB TITLE |
| TO: | MONTH | YEAR | EMPLOYER'S ADDRESS (CITY, STATE, ZIP CODE) | | SUPERVISOR'S NAME |
| PHONE NUMBER | | STARTING SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ per ____ | | ENDING SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ per ____ | |
| DUTIES: | | | REASON FOR LEAVING: | | |

| | | | | | |
|--------------|-------|--|--|--|--------------------------|
| FROM: | MONTH | YEAR | EMPLOYER | May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No | STARTING/FINAL JOB TITLE |
| TO: | MONTH | YEAR | EMPLOYER'S ADDRESS (CITY, STATE, ZIP CODE) | | SUPERVISOR'S NAME |
| PHONE NUMBER | | STARTING SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ per ____ | | ENDING SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ per ____ | |
| DUTIES: | | | REASON FOR LEAVING: | | |

REFERENCES

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS SUPERVISORS

| NAME | TELEPHONE CONTACT | E-MAIL CONTACT |
|------|-------------------|----------------|
| | | |
| | | |
| | | |

APPLICANT STATEMENT

Clay County Medical Center (CCMC) provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a disabled veteran in accordance with applicable federal, state and local laws.

I hereby certify that the information given by me on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date. I further understand that a violation of fraud/abuse or misconduct in relation to Federal Healthcare Programs may disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date.

Initial: _____

I understand that this employment application and any other CCMC document or agreement either written or oral, are not contracts of employment. Employment may be terminated by either party at any time for any reason. I also understand that any offer of employment will be contingent on the following: proof of eligibility for employment as required by the Immigration Reform Act; satisfactory completion of a background and/or reference checks; and satisfactory completion of a health assessment which will include physical capacity profile testing and drug and/or alcohol screening.

Initial: _____

I authorize CCMC, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview, except as previously noted. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Initial: _____

Do not sign until you have read and initialed the above applicant statement. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature: _____ Date: _____