CLAY COUNTY
MEDICAL CENTER
Our Family. Caring for Yours.

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

SALARY REQUIREMENTS	DATE AVAILABLE TO WORK

TYPE OF EMPLOYMENT DESIRED: ☐Full-time ☐Part-time ☐PRN

SHIFT DESIRED: ☐Any Shift ☐7A-7P ☐7P-7A ☐Days ☐Evenings ☐Nights

Under what other name(s) have you previously been employed or attended school?: _____

Have you been previously employed by CCMC? ☐Yes ☐No Position/Dept.: _____ From: _____ To: _____
Reason For Leaving: _____

How were you referred to CCMC? ☐Newspaper Ad ☐www.ccmcks.org ☐Radio ☐Employee ☐Friend ☐Other

Are you legally eligible for employment in the United States and can you provide proof of identity? ☐Yes ☐No

We are a tobacco-free workplace and preference is given to non-tobacco users. Do you use tobacco? ☐Yes ☐No

Have you ever been discharged from employment? ☐Yes ☐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? ☐Yes ☐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? ☐Yes ☐No
ADDRESS		CITY	STATE	ZIP CODE
2. INSTITUTION NAME	DEGREE EARNED	COURSE OF STUDY	YEARS COMPLETED	GRADUATED? ☐Yes ☐No
ADDRESS		CITY	STATE	ZIP CODE
3. INSTITUTION NAME	DEGREE EARNED	COURSE OF STUDY	YEARS COMPLETED	GRADUATED? ☐Yes ☐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/LICENSURE	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? ☐Yes ☐No	STARTING/FINAL JOB TITLE
TO:	MONTH	YEAR	EMPLOYER'S ADDRESS (CITY, STATE, ZIP CODE)		SUPERVISOR'S NAME
PHONE NUMBER			STARTING SALARY ☐HOURLY ☐SALARY $_______ per ____	ENDING SALARY ☐HOURLY ☐SALARY $_______ per ____	REASON FOR LEAVING:
DUTIES:					

FROM:	MONTH	YEAR	EMPLOYER	May we contact them? ☐Yes ☐No	STARTING/FINAL JOB TITLE
TO:	MONTH	YEAR	EMPLOYER'S ADDRESS (CITY, STATE, ZIP CODE)		SUPERVISOR'S NAME
PHONE NUMBER			STARTING SALARY ☐HOURLY ☐SALARY $_______ per ____	ENDING SALARY ☐HOURLY ☐SALARY $_______ per ____	REASON FOR LEAVING:
DUTIES:					

FROM:	MONTH	YEAR	EMPLOYER	May we contact them? ☐Yes ☐No	STARTING/FINAL JOB TITLE
TO:	MONTH	YEAR	EMPLOYER'S ADDRESS (CITY, STATE, ZIP CODE)		SUPERVISOR'S NAME
PHONE NUMBER			STARTING SALARY ☐HOURLY ☐SALARY $_______ per ____	ENDING SALARY ☐HOURLY ☐SALARY $_______ per ____	REASON FOR LEAVING:
DUTIES:					

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.

______ Initial — 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.

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: ______________