

KIOWA COUNTY MEMORIAL HOSPITAL

An Equal Opporrtnuity Employer

APPLICATION FOR EMPLOYMENT

Date of Application: _____

PERSONAL INFORMATION

Name (Last, First, Middle)	
Present Address: (Street, City, State, Zip)	Phone Number:
Permanent Address: (Street, City, State, Zip)	Phone Number:
If you cannot be reached at above phone number, where may we contact you: Phone:	Name of Person:

EMPLOYMENT DESIRED / AVAILABILITY

How did you learn of this opening?	Have you ever been found guilty, pled no contest, had a conviction for any felony or misdemeanor? No Yes If yes, please explain below.												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Type of Work Desired</th> <th style="width:33%;">Salary Desired</th> <th style="width:33%;">Shift</th> </tr> <tr> <td>First Choice</td> <td></td> <td></td> </tr> <tr> <td>Second Choice</td> <td></td> <td></td> </tr> <tr> <td>Third Choice</td> <td></td> <td></td> </tr> </table>	Type of Work Desired	Salary Desired	Shift	First Choice			Second Choice			Third Choice			Have you ever been debarred or excluded from participation in Medicare, Medicaid, or any other rederal or state funded health care program and have not been convicted of a health care related criminal offense? No Yes
Type of Work Desired	Salary Desired	Shift											
First Choice													
Second Choice													
Third Choice													
Place a check in the box of all types of employment you will consider. <table style="margin-left: 40px;"> <tr> <td><input type="checkbox"/> Full Time</td> <td><input type="checkbox"/> Part Time</td> <td><input type="checkbox"/> Temporary</td> </tr> <tr> <td><input type="checkbox"/> On-Call/PRN</td> <td><input type="checkbox"/> Summer</td> <td></td> </tr> </table>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call/PRN	<input type="checkbox"/> Summer		Are you either a US citizen or an alien authorized to work in the United States? <table style="margin-left: 40px;"> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> </table>	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary											
<input type="checkbox"/> On-Call/PRN	<input type="checkbox"/> Summer												
<input type="checkbox"/> No	<input type="checkbox"/> Yes												
Please note your preference here: _____	Are there any accommodations that you would require Kiowa County Memorial Hospital to make regarding the work duties/responsibilities of the position for which you are applying? No Yes												
Place an X on all shifts you are willing to work. <table style="margin-left: 40px;"> <tr> <td><input type="checkbox"/> Days</td> <td><input type="checkbox"/> Nights</td> <td><input type="checkbox"/> Holidays</td> </tr> <tr> <td><input type="checkbox"/> Evenings</td> <td><input type="checkbox"/> Weekends</td> <td></td> </tr> </table>	<input type="checkbox"/> Days	<input type="checkbox"/> Nights	<input type="checkbox"/> Holidays	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends		If yes, please indicate what accommodation(s) would be necessary:						
<input type="checkbox"/> Days	<input type="checkbox"/> Nights	<input type="checkbox"/> Holidays											
<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends												
Date Available: _____	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 change as directed by my department head or administrator of this institution.												
Are you 16 years of age or older? Yes No	Applicant's Electronic Signature _____ Date _____												

EDUCATION / TRAINING

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			No Yes	
College			No Yes	
Technical/ Other			No Yes	

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verified

GENERAL

List other knowledge, skills and abilities which would quality you for the position for which you are applying.

ACTIVITIES (Civic, Athletic, Etc.: [Exclude Organizations which may indicate race, creed, sex, age, marital status, color or national origin.])

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

Please use this space to give us further information which may assist us in placing you.

