

WHITE CLOUD HEALTH CENTER, LLC

Application for Employment

3349 B Thrasher Road

White Cloud, Kansas 66094

Phone: (785) 595-3450 Fax: (785)595-3493



* ALL INFORMATION ON THIS APPLICATION MUST BE FILLED IN COMPLETELY FOR CONSIDERATION OF EMPLOYMENT.

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City	State		ZIP	
Phone	Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Date Available	Social Security No.		Position Applied for	
Desired Wage	Are you willing to work : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime <input type="checkbox"/> Holidays			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you an enrolled member of any U.S. Federally Recognized Indian Tribe? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, which Tribe? _____ Enrollment Number _____				
Are you a spouse of a Native American Tribal Member? YES <input type="checkbox"/> NO <input type="checkbox"/> Which Tribe? _____				

EDUCATION (PLEASE DO NOT USE "SEE RESUME")

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

REFERENCES

List three persons not related to you, whom you have known for at least three years.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT (COMPLETE THIS SECTION DO NOT USE "SEE RESUME")			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

APPLICANT	
PLEASE READ CAREFULLY BEFORE YOU SIGN ON THE LINE PROVIDED	
<p>The information I have provided in this application is true, correct, and complete. I understand that if employed, false statements or material omissions contained in my application papers which could affect employability and/or job performance, or failure to show evidence of my identity and legal authority to work in the United States will be considered sufficient cause for dismissal. The Iowa Tribe of Kansas and Nebraska has my permission to investigate my previous employers, references, education and all other matters related to my suitability for employment and, further, I authorize my current and former employers to disclose to the company and all letters, reports, and any other information pertaining to my employment with them without giving me prior notice. I understand the Iowa Tribe of Kansas & Nebraska is a drug free work place. I also understand that if I am hired, I am required to abide by all rules, regulations, and policies of the Iowa Tribe of Kansas and Nebraska Employee Handbook.</p>	
Signature	Date