



**COMMUNITY HOSPITAL-FAIRFAX  
APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_ Social Security Number    -   -

Position(s) Applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I am interested in :  Full-Time (36-40hrs/wk)  Part-Time (20-35hrs/wk)  Casual/PRN Pool (no benefits)  Day  Evening  Night

I would be available to work:

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street/Address/Apt. No \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Day Phone Number Evening Phone Number Cell Number

Have you worked under another name?  Yes  No If yes, list name (s) \_\_\_\_\_

Have you worked for Community Hospital previously?  Yes  No  
If yes, what date did you leave employment? \_\_\_\_\_ Who was your manager? \_\_\_\_\_

If hired, can you provide proof of your eligibility to be employed in the United States?  Yes  No

Have you ever been convicted of **ANY** crime within the last seven (7) years? (conviction will not necessarily disqualify applicant from employment)  Yes  No

Disclose **ALL** misdemeanors and felonies (including Driving Under the Influence (DUI), Minor in Possession (MIP) but you may exclude minor traffic violations)

**NOTE: Omitting information or failure to disclose may disqualify you from consideration.**

If yes, please explain \_\_\_\_\_

**EDUCATION AND TRAINING RECORD**

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D. Was a diploma received? \_\_\_\_\_

Name & location of College or Vocational Education	Certificate / Degree Received	Major or Specialty	Graduated		Dates Attended
			Yes	No	

**PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS (RN, LPN, CNA, ARRT, ASCP, ETC.)**

Profession: \_\_\_\_\_ State Issued: \_\_\_\_\_ License Number: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Has your professional license (in any state) ever been on probation, suspended, revoked, or limited in any way?  Yes  No

If yes, give reason \_\_\_\_\_

**HOW WERE YOU REFERRED TO COMMUNITY HOSPITAL?**

- Employee referral – Name of employee \_\_\_\_\_
- Great Hires \_\_\_\_\_
- Avalanche \_\_\_\_\_
- Internet website \_\_\_\_\_
- Fairfax Forum \_\_\_\_\_
- School \_\_\_\_\_
- Atchison County News \_\_\_\_\_
- Walk - In \_\_\_\_\_
- St. Joseph News Press \_\_\_\_\_
- Other \_\_\_\_\_

**EMPLOYMENT RECORD**

List your present or most recent employer **FIRST**. Include U.S. Armed Forces experience. **Account for ALL the time during the past 7 years including period of unemployment. Include any unpaid work experience.** (Attach additional pages as needed.) Omit reasons for leaving if for reasons of health or disability. Resumes are acceptable but may **NOT** be substituted for the following information.

Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ Manager _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo.            Yr. To:    Mo.            Yr. <hr/> <u>Salary</u> Start: _____ End: _____ <hr/> May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____ _____
Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ Manager _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo.            Yr. To:    Mo.            Yr. <hr/> <u>Salary</u> Start: _____ End: _____ <hr/> May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____ _____
Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ Manager _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo.            Yr. To:    Mo.            Yr. <hr/> <u>Salary</u> Start: _____ End: _____ <hr/> May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____ _____

Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ _____ Manager _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo.      Yr. To:    Mo.      Yr. <hr/> <u>Salary</u> Start: _____ End: _____ <hr/> May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____ _____
Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ _____ Manager _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo.      Yr. To:    Mo.      Yr. <hr/> <u>Salary</u> Start: _____ End: _____ <hr/> May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____ _____

**SKILLS**

Please list any skills and abilities you wish considered. Include skills with equipment or machines you operate, special computer knowledge, laboratory techniques, etc.

---



---



---

**LIST THREE WORK REFERENCES (please do not list relatives)**

Name	Circle One	Daytime Phone Number
1.	<b>Co-worker / Supervisor</b>	
2.	<b>Co-worker / Supervisor</b>	
3.	<b>Co-worker / Supervisor</b>	

**EMPLOYMENT AGREEMENT**

I certify the information contained in this application for employment is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of employment and/or dismissal (if hired) regardless of when discovered.

I grant permission for the authorities of Community Hospital to investigate my work references and release them and any former employer from any and all liability resulting from such investigation. Upon my termination, I authorize the release of reference information on my work.

I agree to submit to a post-offer physical, including drug and/or alcohol screening and recognize employment is contingent upon successfully meeting physical requirements.

I further agree that if I've been convicted of a crime, the authorities of Community Hospital may obtain details of my conviction to determine its relationship to the position I'm applying for as a condition of my employment.

In consideration of my employment, I agree to conform to the rules and regulations of Community Hospital. My employment may be terminated, with or without cause, at any time, at the option of Community Hospital or myself.

**Federal law requires evidence of identity and employment eligibility upon hire.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Community Hospital is an EOE Employer.**

---

**APPLICANT DO NOT WRITE BELOW THIS LINE**

---

Job Title:		Date Position Accepted:	
Start Date:	Orientation Date:	<input type="checkbox"/> New Employee <input type="checkbox"/> Rehire/Year	
Pay Type: <input type="checkbox"/> FT Hourly <input type="checkbox"/> FT Exempt <input type="checkbox"/> PT FTE: _____ <input type="checkbox"/> Casual Labor	Prime Shift: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> _____ (rate) <input type="checkbox"/> 3 <sup>rd</sup> _____ (rate)		Standard Hours Per Day: <input type="checkbox"/> 8 or less <input type="checkbox"/> 10 <input type="checkbox"/> over 40
1 <sup>st</sup> Shift Hourly Rate or Annual (if salaried)	Bi-Weekly (if salaried)	Salary Verified With:	Overtime: <input type="checkbox"/> 8/80 <input type="checkbox"/> Over 40
Department Head Signature:	Cost Center/Dept.	Job Code:	Physical Appt Date:
Approval Signature:			

In connection with your application for employment, please be advised that we are required by Missouri law to conduct a criminal background check. This will be accomplished by requesting information from Management Services Corporation by doing a State Repository check for the state or states which the applicant lives or has lived in.

I acknowledge receipt of this disclosure and authorize that a criminal background check pursuant to Missouri law be conducted.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_