



**COMMUNITY HOSPITAL-FAIRFAX
APPLICATION FOR EMPLOYMENT**

Date _____

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 for Community Hospital previously? Yes No If yes, list name (s) _____
 What date did you leave employment? _____ Who was your manager? _____

Are you lawfully entitled to work in the United States? Yes No

Can you fully perform the functions of the position for which you are applying with or without accommodations? Yes No

Do you have friends or relatives employed by Community Hospital-Fairfax? Yes No If yes, list name(s) _____

Are you willing to take a drug test and criminal background screening (at our expense) as part of the hiring process and in response to an incident or accident, if later required by Community Hospital-Fairfax? 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)

If yes, please explain _____

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

EDUCATION AND TRAINING

| TYPE OF SCHOOL | LIST NAME, CITY & STATE OF SCHOOL | CIRCLE HIGHEST GRADE COMPLETED | COURSE OF STUDY | DID YOU GRADUATE? | LIST DIPLOMA OR DEGREE |
|---|-----------------------------------|--------------------------------|-----------------|-------------------|------------------------|
| HIGH SCHOOL | | 1 2 3 4 | | YES NO | |
| COLLEGE/ UNIVERSITY | | 1 2 3 4 | | YES NO | |
| BUSINESS OR TRADE | | 1 2 3 4 | | YES NO | |
| OTHER (SPECIFY) | | 1 2 3 4 | | YES NO | |
| Relevant Certifications (type and date) | | | | | |

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, please explain _____

MILITARY SERVICE

Complete this section if you served in the U.S. Armed Forces.

Branch of Service: _____ Period of Active Duty From: _____ To: _____

Rank/Rate at Discharge: _____ Date of Final Discharge: _____

Describe your duties and any special training:

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

| | |
|--|--|
| 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 _____ _____ |
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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. | Co-worker / Supervisor | |
| 2. | Co-worker / Supervisor | |
| 3. | Co-worker / Supervisor | |

HOW WERE YOU REFERRED TO COMMUNITY HOSPITAL

- | | |
|---|---|
| <input type="checkbox"/> Employee referral – Name of employee _____ | <input type="checkbox"/> Great Hires _____ |
| <input type="checkbox"/> Avalanche | <input type="checkbox"/> Internet website _____ |
| <input type="checkbox"/> Fairfax Forum | <input type="checkbox"/> School |
| <input type="checkbox"/> Atchison County News | <input type="checkbox"/> Walk - In |
| <input type="checkbox"/> St. Joseph News Press | <input type="checkbox"/> Other _____ |
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APPLICANT CERTIFICATION

All applicants, please read the following and address any questions to the Human Resources Representative before signing below.

This application will remain on file for six months. If you have not been employed within six months of your application, you must re-apply.

- I understand that if I am employed by Community Hospital, employment is “at will,” which means that employment is not for a definite period and may be terminated by either myself or Community Hospital, in the sole discretion of either, for any reason, at any time. I understand that no one at Community Hospital has authority to make any different agreement. I understand that if employed by Community Hospital, that satisfactory completion of my introductory period will not change my status as an “at will” employee.
- I hereby authorize Community Hospital to obtain from schools, companies, other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied and release the same from any liability resulting from providing such information.
- I hereby acknowledge that Community Hospital maintains a drug free workplace policy, which dictates drug screening as part of the application process.
- I hereby acknowledge that Community Hospital requires me to complete and successfully pass a criminal background record screening as a part of the screening process.
- I understand that if employed by Community Hospital, I will be required within three business days of my date of hire to provide Community Hospital with document(s) that establish my identity and eligibility to work in the United States, as required by the Immigration & Naturalization Services.
- I certify that I have never been terminated from employment or convicted of a crime due to unauthorized physical contact, abuse or neglect of a patient, child, or elderly person.
- Finally, I understand that if employed by Community Hospital, I am required to successfully complete training requirements pertaining to my position in the time period required.

I certify that statements and answers made on this application for employment with Community Hospital are true, correct and complete and I hereby grant Community Hospital permission to verify the information provided. I understand that the submission of false information or the failure to submit complete information requested herein shall constitute grounds, among others, for rejection of my application or immediate termination in the event that I am hired.

Signature _____ **Date** _____

Community Hospital is an Equal Opportunity Employer.

Community Hospital- Fairfax

VOLUNTARY AFFIRMATIVE ACTION DATA

Community Hospital considers applicants for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

COMPLETION OF THE FOLLOWING INFORMATION IS VOUNTARY:

Position Applied For: _____ Date _____

Applicant's Name: _____

Applicant's Address: _____

REFERRAL SOURCE:

Walk-In _____

Newspaper Ad _____

Internet _____

Employee _____

Relative _____

Employment Agency _____

Other _____

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding governmental recordkeeping, reporting and legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is **not** a part of your official application for employment it is considered confidential information that will not be used in any hiring decision.

GENDER (CHECK ONE) Male Female

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:

Hispanic African American Caucasian Native American Asian

Other _____

CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE:

Veteran Vietnam Era Veteran Disabled Veteran Disabled Individual

