



# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regards to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position (s) Applied For _____		Date of Application _____	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name _____		First Name _____	Middle Name _____
Address: Street Number _____	P.O. Box _____	City _____	State _____ Zip Code _____
Telephone Number(s) _____		Social Security Number _____	

If you are under 18 years of age , can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before ?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Ye  No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain:

# EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE							<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE							<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER Business College Special Courses (include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST						TYPING: WPM		
						SHORTHAND: WPM		
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED								

EDUCATION / SKILLS

## PROFESSIONAL LICENSES AND /OR CERTIFICATIONS

ARE YOU CURRENTLY:

REGISTERED     
  LICENSED     
  CERTIFIED

ARE YOU ELIGIBLE FOR:

REGISTRATION     
  LICENSURE     
  CERTIFICATION

IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO.

List professional, trade, business or civic activities and offices held.  
 You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.


## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers

1.
2.
3.

Have you ever had any job-related training in the United States military?  Yes  No  
 If Yes, please describe

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Are you physically or otherwise **unable** to perform the duties of the job which you are applying?  Yes  No

# EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

## VOLUNTARY SURVEY

(Please Print)

Date \_\_\_\_\_

**Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the affirmative action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

**FOR POST HIRE USE ONLY**

Name		
Address		
City	State	Zip
Social Security No.		

COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED

	Current Job
	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female <span style="float: right;">Age: _____</span>
	Please Check One of the Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check If Any Of the Following Are Applicable: <input type="checkbox"/> Vietnam Era Vetran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual

**FREDONIA REGIONAL HOSPITAL**

PO Box 579  
Fredonia Kansas 66736

**EMPLOYEE AFFIRMATION OF  
DRUG AND ALCOHOL TESTING POLICY**

As an employee in a safety sensitive position, I affirm that I have received, Read and understand the Fredonia Regional Hospital's Drug and Alcohol Testing Policy. I am aware that I any be required to undergo a drug and/or alcohol screen as outlined by Fredonia Regional Hospital's policy requirements and that I will be informed prior to the drug/alcohol screen: and, that I may be referred to an education and treatment program depending on the results of the drug/alcohol screen. I agree to abide by all provisions of the anti-drug policy as a condition of my continued employment with the hospital.

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Employee Name (Please Print)

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Employee Signature Date

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Fredonia Regional Hospital Representative Date

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY (HOURLY, MONTHLY OR YEARLY)
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**PREVIOUS EXPERIENCE**

JOB TITLE:				
EMPLOYER NAME:			PHONE:	
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				

JOB TITLE:				
EMPLOYER NAME:			PHONE:	
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				

JOB TITLE:				
EMPLOYER NAME:			PHONE:	
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				

JOB TITLE:				
EMPLOYER NAME:			PHONE:	
ADDRESS:				
DUTIES:				
REASON FOR LEAVING:				

State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can we run a detailed employer check, including but not limited to a check, with your previous employer?  Yes  No

Please sign her to authorize reference check

# APPLICANT'S STATEMENT

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

In consideration of my employment, I agree to conform to the rules and regulations of this facility. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations, named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding and employment decision, and I release all such persons from any liability regarding the provision or use of such information.

Signature of Applicant

Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title

Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

NOTES

FOR POST HIRE USE ONLY