

**KEARNEY COUNTY HEALTH SERVICES
APPLICATION FOR EMPLOYMENT**



Date _____ Social Security Number _____ - _____ - _____

Position(s) Applying for: 1. _____ 2. _____ 3. _____

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

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 KEARNEY COUNTY HEALTH SERVICES?

Employee referral ó Name of employee _____	Internet ó List site _____
Minden Newspaper	Job Fair ó List location _____
Kearney Newspaper	School
Hastings Newspaper	Walk - In
NE Workforce Development	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 _____ Full-Time Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ Manger _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo. Yr. To: Mo. Yr. <hr/> <u>Salary</u> Start: End: <hr/> May we contact employer? Yes No If no, why _____ _____
Employer _____ Full-Time Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ Manger _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo. Yr. To: Mo. Yr. <hr/> <u>Salary</u> Start: End: <hr/> May we contact employer? Yes No If no, why _____ _____
Employer _____ Full-Time Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ Manger _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo. Yr. To: Mo. Yr. <hr/> <u>Salary</u> Start: End: <hr/> May we contact employer? Yes No If no, why _____ _____

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

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	

EMPLOYMENT AGREEMENT

I certify the information contained in this application for employment is true t 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 Kearney County Health Services 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 have been convicted of a crime, the authorities of Kearney County Health Services may obtain details of my conviction to determine its relationship to the position I am applying for as a condition of my employment.

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

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

Signature of Applicant _____ Date _____

Kearney County Health Services is an EOE Employer.

APPLICANT DO NOT WRITE BELOW THIS LINE

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