



1527 MADISON - P.O. BOX 579
FREDONIA, KANSAS 66736-0579

APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

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	Number	Street	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?

☐ YES ☐ 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?

Proof of citizenship or immigration status will be required upon employment.

☐ YES ☐ NO

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ 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 _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY ELIGIBLE FOR:		<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED
		<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION
IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED		DATE NO.
	TYPE	STATE ISSUED		DATE NO.
	TYPE	STATE ISSUED		DATE NO.

List professional, trade, business or civic activities and offices held.

You may exclude memberships 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

Are you physically or otherwise unable to perform the duties of the job which you are applying?

☐ Yes ☐ No

PREVIOUS EXPERIENCE

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
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 employment check, including but not limited to a check, with your previous employers? Yes <input type="checkbox"/> No <input type="checkbox"/> _____				
Please sign here 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 specified 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 date.

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 an 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

SIGNATURE

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.

FOR POST HIRE USE ONLY

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.

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	Age
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 Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual	

EXHIBIT A

FREDONIA REGIONAL HOSPITAL

CONSENT FOR PRE-EMPLOYMENT REFERENCE AND BACKGROUND CHECKS

I recognize that any offer of employment to me by Fredonia Regional Hospital ("HOSPITAL") is conditional upon my successfully passing reference and background screenings. I understand that HOSPITAL shall conduct pre-employment reference and background checks thoroughly and within the confines of all applicable state and federal laws. In consideration of HOSPITAL's review of my application for employment, I hereby release any individual, entity, and HOSPITAL from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy. I hereby voluntarily consent to and authorize HOSPITAL, or its authorized representative bearing this release or copy thereof, in connection with my application for employment with HOSPITAL, to conduct the following reference and background checks for employment purposes including:

Criminal History
Department of Motor Vehicle History
Certification and Licensing
Educational Credentials
OIG List of Excluded Individuals/Entities
Employment Eligibility (Social Security Number Check)
Employment Checks
Reference Checks
Consumer Reports

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject, if such request is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq.

I authorize all persons who may have information relevant to this research to disclose such information to HOSPITAL, or its agents, and I hereby release all persons from liability on account of true and accurate disclosure. I hereby further authorize that a photocopy of this authorization be considered as valid as the original. Should there be any questions as to the validity of this release, you may contact me as indicated.

Signature of Applicant

Printed Name (First, Middle, Last, Maiden)

License Number, State

Social Security Number

Address

(Street, City, State, ZIP)

Telephone

Numbers (home and mobile)

If any additional information relative to change of name or use of an assumed name or nickname is necessary to enable a check on your background, please explain below.

List all Kansas counties and other states in which you have lived during the last seven years.

Exhibit B

FREDONIA REGIONAL HOSPITAL **Employee Drug- and Alcohol-Free Workplace Acknowledgment**

It is the policy of Fredonia Regional Hospital that all applicants which receive a conditional offer of employment, submit to a drug test to document that they are drug free.

FREDONIA REGIONAL HOSPITAL **Pre-Employment Drug Screening Consent Form**

I understand that all applicants who have received an "offer to hire" from **Fredonia Regional Hospital ("Company")**, are required, as a condition of employment, to take a drug screening test.

I consent freely and voluntarily to the Company's request for a urine or other specimen or sample for the purpose of determining the presence of drugs, or other controlled substances, and I authorize **(Clinical Reference Laboratory)**, its physicians, technicians and laboratories to do so. Further, I understand and agree that the results of those tests may be given to a Medical Review Officer (MRO) and/or a Company designee for review.

I understand that either failure to submit a specimen or sample or if analysis reveals the presence of drugs, or other controlled substances, the "offer to hire" is immediately and wholly revoked and I will be disqualified from any further employment consideration for a period of two (2) years from the effective date of the disqualification action.

I hold harmless the Company, its officers, agents, employees, shareholders, directors and volunteers as well as the testing agency from any claims I may have against any or all of them arising out of the drug screening test and its use to determine whether I may be employed by the Company.

I have read this form in full and understand the above statements and that the "offer to hire" is contingent upon the conditions set forth herein.

Name (print): _____

Signature: _____

Social Security Number: _____

Birth Date: _____

Date: _____

