

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

Date _____ **APPLICANT FOR EMPLOYMENT**



1902 S. US Highway 59 • Parsons, KS 67357 • 620-820-5349 • www.labettehealth.com

We are an equal opportunity employer. Pre-employment drug screen post offer physical, and background verification required. Qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.

Position(s) Applied For: _____			
Are you available to work Full-Time _____ Part-Time _____ Relief _____ Shifts _____			
How did you learn about us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Labette Health Employee			
_____	_____	_____	_____
Last Name	First Name	Middle Name	Social Security Number
_____	_____	_____	_____
Address: Number/Street		City	State Zip Code
_____	_____	_____	_____
Home Phone	Cell Phone	email	
_____	_____	_____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.) If yes, explain: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you previously employed by us? If yes, when? _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under 18 years of age? If yes, you will be required to provide proof of your eligibility to work.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you excluded from participation in Medicare/Medicaid programs?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you prevented from lawfully becoming employed in this country because of Immigration or Visa Status? Proof of citizenship or immigration status will be required upon employment.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform the essential functions of job for which you are applying with or without accommodation?		

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST 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	

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

PROFESSIONAL LICENSES AND/OR CERTIFICATES (PLEASE ATTACH COPIES WITH APPLICATION)

ARE YOU CURRENTLY: REGISTERED LICENSED CERTIFIED
 ELIGIBLE FOR: REGISTRATION LICENSURE CERTIFICATION

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

Has your license or certification ever been suspended or revoked? Yes No
 If yes, When? _____

(OPTIONAL) INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

LANGUAGE:	FLUENT	GOOD	FAIR
SPEAK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST BUSINESS MACHINES YOU CAN OPERATE AND APPROXIMATE SPEEDS, AND/OR MEDICAL EQUIPMENT YOU CAN OPERATE.

Did you serve in the U.S. Armed Services? Yes No What Branch? _____
 Honorable Discharge? Yes No
 Have you volunteered your time or services? Yes No Where? _____
 Briefly describe duties and skills acquired through volunteer or military service: (include dates)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Have you attended school or been employed under another name? Yes No

If so, under what name(s)? _____

Start with your present or last job.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

REFERENCES

List at least three references who have supervised you or can address your work record. Non-relative preferred.

NAME AND RELATIONSHIP	Title	COMPANY NAME AND ADDRESS	TELEPHONE

I authorize the references listed above, schools and current and past employers to give Labette Health any and all information concerning my previous employment and any information they have, personal or otherwise, and I release all parties from all liabilities for any damage or claim that may result from furnishing the same to Labette Health.

Authorized Signature _____

APPLICANT'S STATEMENT AND ACKNOWLEDGEMENT

I understand that, for purpose of employment only, Labette Health requires a background check. I further understand a Consumer Report and/or an Investigative Consumer report may be made by a consumer reporting agency which may include, but is not limited to, information pertaining to my character, general reputation, personal characteristics, work habits, driving record, arrests and convictions, whichever may be applicable. This report may be compiled with information from court record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, National Practitioner Data Bank, Health and Humans Services Cumulative Sanctions report and any other source required to verify information that I have voluntarily supplied.

I understand if such an investigative report is made, and the report contains information regarding my character, general reputation, personal characteristics, I have the right to make a written request for a complete and accurate disclosure of the information and a copy of the report will be provided to me.

Also, I hereby understand and acknowledge unless otherwise defined by applicable law, any employment relationship with Labette Health is of an "at will" nature, which means the Employee may resign at any time and the Employer at any time may discharge Employee at any time, with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged, in writing, by an authorized executive of Labette Health.

In the event of employment, I understand any false or misleading information given in my application or interview(s) may result in my discharge. I also understand I am required to abide by all rules and regulations of the employer. I understand employment is contingent upon favorable results of a post offer physical, medical tests (including, but not limited to, drug and alcohol screening) and background verifications, which must be completed prior to commencing employment at Labette Health.

I certify the answers given herein are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

LABETTE HEALTH

1902 S. HIGHWAY 59

PARSONS, KS 67357

REFERENCE RELEASE

To: _____ Date: _____

I hereby authorize you to furnish to Labette Health any information you may have available concerning my employment with your organization, and I release you from any liability for damages arising from said information.

Social Security Number

Signature of Applicant

Applicant – Do not write below this line

Name of Applicant:

The person above has applied for a position as _____
in our hospital, and has given your name as a former employer or reference. We shall appreciate the following information, which will be held strictly confidential. Please direct your reply to the undersigned. A stamped, addressed envelope is enclosed for your convenience.

Yours very truly,

Christina Sykes
Human Resource Director

I. Was this applicant employed by you? Yes No

a. What were the dates of his or her employment?

From _____ To _____ Position _____

b. Would you reemploy this applicant? _____

II. What is your estimate of the applicant as the following:

	Excellent	Good	Average	Poor
Character				
Honesty				
General Health (Attendance)				
Ability to cooperate				
Ethics				
Professional knowledge (if applicable)				
Ability (Initiative)				

III. Comments: _____

Signed

Employer

Labette Health

Human Resources Department

APPLICATION CONSENT FORM

I have applied for a job with Labette Health. I understand that Labette Health tests job applicants for drug use and that my employment is contingent upon my completion, satisfactory to Labette Health, of a drug screen test. Furthermore, I understand that Labette Health also tests employees for drugs when there is reasonable suspicion, on the job accidents, and as follow-up of treatment programs. I understand that I do not have to submit to testing but that if I refuse to be tested Labette Health will not consider me for possible employment.

I agree to post-job offer drug testing to determine the existence of drugs in my system. I also, agree that if I am offered employment by Labette Health, I will be subject to drug/alcohol testing and agree to consent to such testing as required.

I further understand and agree to the release of the test results to Labette Health (and/or to a designated agent of Labette Health) and that the results may be used as grounds for discipline up to and including termination after I am hired as an employee.

Signature of Applicant

Date

If applicant is under age 18, signature of parent or legal representative is also required.

I declare under penalty of perjury under the laws of Kansas that I am the parent or legal guardian of the above applicant and that I consent to everything written in the consent above.

Signature of Parent or Legal Guardian

Date

