

Nemaha County Community Health Services

1004 Main Street, Sabetha, KS 66534 • Telephone (785) 284-2152 • Fax (785) 284-3827

www.ncchsks.org

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT AND COMPLETE APPLICATION IN FULL

Name _____			
(Last)	(First)	(Middle)	
_____			Email _____
Other name(s) under which you have been educated or employed _____			
Telephone Number (____) _____ Alternate Number (____) _____			
Mailing Address _____			
Number/Street	City	State	Zip
Permanent Address (if different from mailing address) _____			
Number/Street	City	State	Zip

EMPLOYMENT DESIRED

Position applying for: _____
Which days/times are you <i>not</i> available to work? _____
If hired, on what date would you be available for work? _____ Salary desired _____

EDUCATION, TRAINING, AND EXPERIENCE

SCHOOLS	NAME & ADDRESS	NO. OF YEARS COMPLETED	COURSES OR MAJOR SUBJECTS	DEGREES OR DIPLOMA
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRAD SCHOOL				
OTHER Vocational, Apprenticeship				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work in Public Health? Yes No If yes, please explain: _____

Are you licensed or certified for the job you are applying for? Yes No If yes, complete below:

Type of License	Professional License No.	State Issued	Expiration Date

Has your license/certification ever been revoked or suspended? Yes No If yes, state reason(s), date of revocation or suspension, and date of reinstatement: _____

Are you currently licensed in any other states? Yes No
 If yes, name of state _____ License Number _____

Language Ability: List only those languages you could use in the position you are applying for:

Language: _____ Speak ___ Read ___ Write ___
 Language: _____ Speak ___ Read ___ Write ___

List on next page your work experience, beginning with your most recent job experience. You *must complete this section; do not write "see resume."* Information for the last 10 years is sufficient. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Dates/Salary/Supervisor	Employer	Job Title & Duties
From:	Name:	
To:	Address:	
Salary: \$ per	Telephone:	
Supervisor:	Reason for Leaving	

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Salary: \$ per	Telephone:	
Supervisor:	Reason for Leaving	

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From:	Name:	
To:	Address:	
Salary: \$ per	Telephone:	
Supervisor:	Reason for Leaving	

MILITARY SERVICE

If you have obtained any special skills or abilities as a result of service in the military, please describe:

PERSONAL REFERENCES

Please list three personal references, excluding former employers or relatives.

Name	Relationship	Address	Telephone	No. Years Acquainted

PERSONAL INFORMATION

Have you ever applied to work for Nemaha County Community Health Services (NCCHS) before?

Yes No If yes, when? _____

Why are you applying to work at NCCHS? _____

If hired, would you have reliable transportation to and from the work site? Yes No

Do you have any objections to travel if required by the job? Yes No

Do you have a current valid driver's license? Yes No If yes, provide state issued and driver's license number: _____

State

Number

Are you currently covered by automobile liability insurance? Yes No If yes, what is the name of the insurance carrier? _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? Yes No (*U.S. Immigration form I-9 must be completed upon employment*)

Do you have any limitations on your ability to perform job-related functions of the position for which you are applying? Yes No If yes, describe the conditions and the nature of your work limitations: _____

Have you ever been convicted of a felony? Yes No If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s): _____

APPLICANT'S STATEMENT

I hereby certify that the answers to all the questions contained on this application form are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I agree to submit to a physical examination as a part of the job application process and understand that passing the physical examination is a requirement for employment. I authorize my former employer(s) to release to Nemaha County Community Health Services any information regarding my employment. I hereby release and hold harmless any prior employer and Nemaha County Community Health Services from all liability whatsoever for the release of prior employment information. I understand that if anything in this application or on any document used to secure employment is found to be untrue, such falsification shall be the basis for rejection of this application or for immediate discharge if employed prior to discovery.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE, FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

By _____

Name and Title

Date