

SCOTT COUNTY HOSPITAL

310 EAST THIRD ST.

SCOTT CITY, KS 67871

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APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Form with fields: Position(s) Applied For, Date of Application, How Did You Learn About Us?, Last Name, First Name, Middle Name, Address, 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? If Yes, give date [] Yes [] No

Have you ever been employed with us before? If Yes, give date [] Yes [] No

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 Time [] PRN [] 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 ever been convicted of a felony? [] Yes [] No Conviction will not necessarily disqualify an applicant from employment. If Yes, please explain

Five horizontal lines for explanation of felony conviction.

APPLICATIONS WILL REMAIN ACTIVE FOR 30 DAYS.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting Final	
Job Title	Supervisor	
Reason for Leaving		
2. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number (s)	Hourly Rate/Salary Starting Final	
Job Title	Supervisor	
Reason for Leaving		
3. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number (s)	Hourly Rate/Salary Starting Final	
Job Title	Supervisor	
Reason for Leaving		
4. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number (s)	Hourly Rate/Salary Starting Final	
Job Title	Supervisor	
Reason for Leaving		

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

If you need additional space, please continue on a separate sheet of paper.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EDUCATION

School	Name & Address of	Course of Study	Years	Diploma/D
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extracurricular activities.

List any current certifications or licensures you hold that pertain to the position you are seeking:

WORK REFERENCES -

List three (3) **WORK** references. Please list people who served as your direct supervisor. Do **NOT** list personal friends or relatives. The people you list should be notified by you that you have listed them as a reference. We call each reference listed to inquire about your work performance including attendance. Please make sure phone numbers are current. Applications without work references will not be considered.

List Three (3) WORK References:

Supervisor's Name (Please Print)	Title	Company Name & Address	Phone #

