



Application for Employment

# EMPLOYMENT HISTORY (INCLUDING U.S. ARMED FORCES)

LIST ALL EMPLOYMENT BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT

LAST NAME

From: Mo. Year	To: Mo. Year	Name of Hospital or Company	Area Code	Phone
Street Address		City	State	Zip
Job Title or Position				
Job Duties				
Name of Supervisor & Title		Final Salary	Reason for Leaving	

From: Mo. Year	To: Mo. Year	Name of Hospital or Company	Area Code	Phone
Street Address		City	State	Zip
Job Title or Position				
Job Duties				
Name of Supervisor & Title		Final Salary	Reason for Leaving	

From: Mo. Year	To: Mo. Year	Name of Hospital or Company	Area Code	Phone
Street Address		City	State	Zip
Job Title or Position				
Job Duties				
Name of Supervisor & Title		Final Salary	Reason for Leaving	

From: Mo. Year	To: Mo. Year	Name of Hospital or Company	Area Code	Phone
Street Address		City	State	Zip
Job Title or Position				
Job Duties				
Name of Supervisor & Title		Final Salary	Reason for Leaving	

FIRST NAME

Please Explain Any Gaps In Your Employment History:	
From:	To:
From:	To:
From:	To:

DATE COMPLETED

State if you do not want us to contact any of the above listed former or present employers and the reason you do not want each contacted.

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# EMPLOYMENT

POSITIONS APPLIED FOR 1. _____	REQ. # _____	POSITIONS APPLIED FOR 2. _____	REQ. # _____
LAST NAME		FIRST	MIDDLE
PRESENT ADDRESS		CITY	STATE ZIP
PERMANENT ADDRESS (if different from present)		CITY	STATE ZIP
ARE YOU APPLYING FOR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> PRN <input type="checkbox"/>		SHIFT PEF. _____	DATE AVAILABLE FOR WORK _____

RELATIVES EMPLOYED BY CUSHING MEMORIAL HOSPITAL? YES <input type="checkbox"/> NO <input type="checkbox"/> NAME: _____ WHICH LOCATION: _____	HAVE YOU EVER BEEN EMPLOYED BY CUSHING MEMORIAL HOSPITAL? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN & WHICH LOCATION? _____
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ARE YOU YOUNGER THAN 18 YEARS OF AGE?  YES  NO

HOW DID YOU HEAR ABOUT THE EMPLOYMENT OPPORTUNITIES AT THESE FACILITIES?

KC STAR   
  PROFESSIONAL JOURNAL   
  CAREER FAIR   
  SLHS WEB SITE   
  EMPLOYMENT AGENCY  
 CURRENT EMPLOYEE \_\_\_\_\_   
 NURSING NEWS   
 WALK-IN   
 NEWSPAPER (NAME) \_\_\_\_\_   
 OTHER

HAVE YOU EVER BEEN CONVICTED (WHETHER OR NOT SENTENCE WAS IMPOSED) OR PLEADED GUILTY/NO CONTEST TO A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE?\*  YES  NO IF YES, EXPLAIN:

Have you ever been reported for child/elder abuse?  Yes  No If yes, Explain:

\*Please fully explain any conviction and/or guilty/no contest plea. A conviction and/or guilty/no contest plea will not necessarily disqualify you from employment with Cushing Memorial Hospital. Circumstances such as the nature of the offense, the length of time since the offense and rehabilitation will be considered.

Have you ever been convicted of a Traffic Offense?\*\*\*  Yes  No

\*\*\*Answer regarding traffic offenses only if applying for job involving operation of a Hospital vehicle, or if you will be operating your own personal vehicle as a regular part of your job.

Do you currently have employment authorization that allows you to work for Cushing Memorial Hospital?  Yes  No

EDUCATION: ARE YOU CURRENTLY ENROLLED IN AN EDUCATIONAL PROGRAM  YES  NO

ANTICIPATED GRADUATION DATE? \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

SCHOOL	NAME AND ADDRESS OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA/DEGREE & MAJOR
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, SPECIAL COURSES (INCLUDE SPECIAL MILITARY TRAINING)

\_\_\_\_\_

<b>OTHER SKILLS</b> <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Medical Insurance billing <input type="checkbox"/> Filing Skills <input type="checkbox"/> Medical Records Coding <input type="checkbox"/> Accounts Payable	<b>CLINICAL CARE</b> <input type="checkbox"/> Orthopedic <input type="checkbox"/> MRI <input type="checkbox"/> Cath Lab <input type="checkbox"/> Telemetry <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> OB/GYN <input type="checkbox"/> Labor & Deliver <input type="checkbox"/> OR/Surgery	<b>CLINICAL CARE</b> <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Med/Surg <input type="checkbox"/> Critical Care <input type="checkbox"/> CT Scan <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Nursery <input type="checkbox"/> Oncology <input type="checkbox"/> Home Health/Hospice	<b>COMPUTER SKILLS</b> <input type="checkbox"/> Access <input type="checkbox"/> Word <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Microsoft Works <input type="checkbox"/> Windows 95	<b>COMPUTER SKILLS</b> <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Word Processing <input type="checkbox"/> Switchboard <input type="checkbox"/> Other Software _____
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IF YOUR PROFESSION REQUIRES CURRENT LICENSURE, REGISTRATIONS OR CERTIFICATION, PLEASE INDICATE

Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever had a professional license/registration denied, revoked, suspended or otherwise restricted?  YES  NO

Provide information, including license/certification, state, date and nature of action \_\_\_\_\_

**Business associates** who are not related to you and have firsthand knowledge of your character, experience and capabilities.

- 1) Name \_\_\_\_\_ Position \_\_\_\_\_  
Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address (home or business) \_\_\_\_\_
- 2) Name \_\_\_\_\_ Position \_\_\_\_\_  
Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address (home or business) \_\_\_\_\_
- 3) Name \_\_\_\_\_ Position \_\_\_\_\_  
Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address (home or business) \_\_\_\_\_

**APPLICANT'S STATEMENT**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information or significant omissions will disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize and agree to cooperate in any investigation of my past employment, education, and background and relieve from liability all persons or entities requesting or supplying such information. I understand that any offer of employment is conditioned upon my successful completion of any of the company's pre-employment screening processes; including, without limitation, the company receiving references that it considers satisfactory, and the satisfactory completion of any pre-employment physical examination the company may require.

**I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Hospital.**

**I understand that should I accept an offer of employment, that either the Hospital or I can terminate my employment at any time for any reason not prohibited by law, that I am not being employed for any specific period of time and that this application does not constitute, nor is to be construed as a contract of employment.**

Date: \_\_\_\_\_

Application Updated/Renewed: \_\_\_\_\_

Date: \_\_\_\_\_

I understand and acknowledge that, aside from this employment-at-will relationship, no one other than the Chief Executive Officer of the Hospital has the authority to enter into any employment contract between me and the Hospital, and that any such contract must be in writing and executed by me and such officer on behalf of the Hospital.

I understand that should I accept an offer of employment, I may be required as a condition of employment, to execute a non-compete agreement and/or confidentiality agreement, in which event, I agree to be bound by the terms of such agreement(s).

I understand any offer of employment is contingent upon my producing documentation to verify my identity and US citizenship, or if an alien, my legal authorization to work in the United States, as required by federal law.

Federal Law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the Hospital must verify the status of every individual offered employment with the Hospital. In this regard, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify identification and employment authorization. I understand that the completion of this application does not establish any obligation of the company to hire me.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**NONDISCRIMINATION AND EQUAL OPPORTUNITY STATEMENT**

It is the policy of Cushing Memorial Hospital not to discriminate on the basis of race, color, national origin, sex, age, religion or disability in admissions or access to, or treatment of employment in, its programs and activities, or in the provision of physician staff privileges.

Responsible person: Director-Human Resources (913) 684-1100

**TO BE COMPLETED BY HUMAN RESOURCES**

Reviewed by: \_\_\_\_\_

Routed to: \_\_\_\_\_ Position: \_\_\_\_\_

Interviews and Dates: \_\_\_\_\_

Reference Check Completed: \_\_\_\_\_ Position Offered or Letter Sent: \_\_\_\_\_ License Check Completed \_\_\_\_\_

Drug Test on or Before (date and time): \_\_\_\_\_ Security Check Initiated \_\_\_\_\_

Physical Scheduled for: \_\_\_\_\_ Payroll Authorization Received: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Job Description Received: \_\_\_\_\_

Comments: \_\_\_\_\_

## APPLICANT CHARACTERISTIC SURVEY

Cushing Memorial Hospital requests your voluntary cooperation in the completion of this form for Equal Employment Opportunity and Affirmative Action Information. All information is confidential and will not be placed with your application for employment.

**This portion will be separated from this application immediately upon receipt in the Human Resources Department.**

NAME \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

001SCR

SEX: (M)  Male (F)  Female

### NATIONAL ORIGIN *(Please check one)*

- (01)  WHITE – All persons having origins in any of the original people of Europe, North Africa, or the Middle East
- (02)  BLACK – All persons having origins in any of the Black racial groups of Africa
- (03)  HISPANIC – All persons of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin regardless of race
- (04)  ASIAN OR PACIFIC ISLANDS – All persons having origins in any of the original peoples of the Far East, Southeast Asia, Pacific Islands, China, Japan, Korea, Philippine Islands, Samoa or the India subcontinent
- (05)  AMERICAN INDIAN OR ALASKAN NATIVE

Position(s) applied for: \_\_\_\_\_

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