

APPLICATION FOR EMPLOYMENT
TRI COUNTY AREA HOSPITAL DISTRICT
An Equal Opportunity Employer

Instructions: Please print all information and complete every part of the application. Mark N/A if there is a question that does not apply to you. Do not leave any question unanswered. Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.

Name _____				
Last	First	Middle		
Home Address _____				
	City	State	Zip Code	
Home Phone _____				
Social Security Number _____				
Have you been employed by us before? ____ YES ____ NO				
If yes, state dates and position held: _____				

Do you have a relative employed by us? ____ YES ____ NO If yes, give the relatives name: _____				
_____ Relationship _____				

Position applying for: (1) _____	
(2) _____	
Are you available for: ____ full time ____ part time ____ Casual/PRN ____ temporary	
Please describe any work schedule limitations _____	

Date you can start _____	
How did you learn about this job? _____	
Are you at least 18 years old? ____ YES ____ NO	
If not, are you at least 16 years old? ____ YES ____ NO	
Have you ever been convicted of a felony, or of any crime relating to theft or dishonesty? ____ YES ____ NO	
If yes, please explain _____	

Note: a conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.	

EDUCATION AND TRAINING

School/College	Level Completed	Degree	Major Subjects
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

OTHER SKILLS

Describe any computer, office machine, tool or equipment skills: _____

Describe any other special skills or qualifications which may help you in the position applied for: _____

List professional licenses or certificates held _____
List date issued _____
List expiration date: _____
List license/ certificate number _____

REGULATION INFORMATION

Have you been subject to sanctions or exclusion under the Medicare or Medicaid Programs and have you been convicted of violation of other laws? _____ YES _____ NO
If yes, please explain _____

Are you a citizen of the United States, or specifically authorized to be employed in the United States?
_____ YES _____ NO

NOTE: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.

Do you have a valid driver's license? _____ YES _____ NO

PRIOR EMPLOYMENT

List your last four jobs beginning with the most recent. (Do not list jobs over five years ago)

1. Employer name/address/telephone _____

Job Title _____ Duties _____

Date employed _____ to _____ Salary _____

Reason for leaving _____

2. Employer name/address/telephone _____

Job Title _____ Duties _____

Date employed _____ to _____ Salary _____

Reason for leaving _____

3. Employer name/address/telephone _____

Job Title _____ Duties _____

Date employed _____ to _____ Salary _____

Reason for leaving _____

4. Employer name/address/telephone _____

Job Title _____ Duties _____

Date employed _____ to _____ Salary _____

Reason for leaving _____

REFERENCES

List four personal references whom we can contact. DO NOT LIST PRIOR EMPLOYERS OR RELATIVES.

1. Name: _____ Telephone number (____) _____
Address _____
How long have you known? _____ Occupation _____

2. Name: _____ Telephone number (____) _____
Address _____
How long have you known? _____ Occupation _____

3. Name: _____ Telephone number (____) _____
Address _____
How long have you known? _____ Occupation _____

4. Name: _____ Telephone number (____) _____
Address _____
How long have you known? _____ Occupation _____

TRI COUNTY AREA HOSPITAL DISTRICT

Applicant Name (Please Print)

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Tri County Area Hospital to investigate all statements contained in this application for employment and to investigate any character and qualifications. I authorize my prior employers, references, and other with information regarding my work or educational history or my character to provide Tri County Area Hospital with all requested information and references, and to cooperate fully with the investigation of my character and qualifications. I release from liability Tri County Area Hospital and all other persons supplying any above information.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Tri County Area Hospital has the authority to make oral contracts of employment. If hired, my employment relationship with Tri County Area Hospital is terminable at-will, with or without cause, by either myself or Tri County Area Hospital.

I also understand that my employment may be conditioned upon a favorable health evaluation which may include a medical examination by a physician selected by this employer. To which I hereby consent.

I also certify that I have not been subject to sanctions or exclusions under the Medicare or Medicaid Programs and have not been convicted of violation of other laws.

I hold harmless Tri County Area Hospital for furnishing references to those to whom I may hereafter seek employment.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

Signature

Date

PLEASE RETURN TO: TRI COUNTY AREA HOSPITAL DISTRICT
ATT: DIR OF HUMAN RESOURCES P O BOX 980 LEXINGTON NE 68850
FAX: 308 324 8607