



Norton County Hospital

P.O Box 250, 102 E. Holme
Norton, KS 67654
785-877-3351

An Equal Opportunity Employer

Employment Application

**Drug Free Workplace
Notice to Applicant**

Drug screening is required of any applicant receiving an offer of employment. Testing is a condition of employment and applicant will not be hired if they fail to produce a negative test.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () Cell Phone: () E-mail Address: _____

Date Available: _____ Available for Night or Weekend Shifts : _____ Desired Salary: \$ _____

Position(s) Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a crime? YES NO Answering "yes" will not constitute an automatic bar from employment; factors will be considered based on relevance to job applied for.

If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Name & Title: _____ Relationship: _____
Company: _____ Phone: () _____

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Company: _____ Phone: () _____

Name & Title: _____ Relationship: _____
Company: _____ Phone: () _____

May we contact you at work? YES NO Best time: _____ Phone: () _____

Type of work desired? Full-time Part-time PRN Temporary/Seasonal

Will you travel if job requires? YES NO Will you work overtime if job requires? YES NO

Do you have any noncompetition agreements with former employers? If yes, explain: _____

Employment History

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Worked From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO What did you like most about position? _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Worked From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO What did you like most about position? _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Worked From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO What did you like most about position? _____

Explain any gaps in employment, other than personal injury, illness, or disability: _____

If not explained above, have you ever been fired or asked to resign? If yes, please explain _____

Skills and Qualifications

Summarize special training, skills, licenses, certifications and computer skills that may assist you in performing the job for which you are applying?

Disclaimer and Signature

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct. I authorize this employer to contact and obtain information from all references, employers, and licensing agencies, and verify any information contained in this application, resume, and any supporting information. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state and federal law.

I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

Signature: _____ Social Security Number: _____ Provide later if emailed back Date: _____