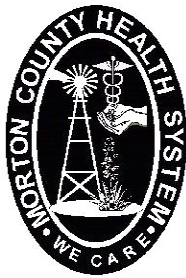


PRINT IN INK OR TYPE. ALL QUESTIONS MUST BE COMPLETED OR THE APPLICATION WILL NOT BE CONSIDERED.

DATE: _____		
State exact title and posting of position from the job announcements:		
(1) _____ (2) _____ (3) _____		
Applicant Name: _____ Maiden Name: _____ <small>Last First Middle</small>		
Other names you have used: _____		
Mailing Address: _____ <small>Street P.O. Box City State Zip Code</small>		
Physical Address: _____ <small>Street City State Zip Code</small>		
Home Phone (include area code)	Business Phone (include area code)	Social Security Number
Date available for employment if position offered:		Salary required:
Available: ___ Days ___ Evenings ___ Nights		Shift: ___ 8-hour ___ 10-hour ___ 12-hour
Hours desired: ___ Full-time ___ Part-time ___ PRN ___ Temporary		



**MORTON COUNTY
HEALTH SYSTEM**

Application for Employment

Human Resource Department
 445 Hilltop ~ P.O. Box 937
 Elkhart, Kansas 67950
 620-697-5250
 Fax: 620-697-5290
 Email: hrd@mchswecare.com
www.mchswecare.com

Morton County Health System is an equal opportunity employer. We do not discriminate on the basis of race, religion, color, gender, age, national origin or disability.

Have you worked at Morton County Health System before? Yes ___ No ___ If yes, when? _____ What Department? _____	Have you filed an application with Morton County Health System before? Yes ___ No ___ If yes, give date: _____
What skills and abilities do you have for the job you applied for? _____ _____	Were you ever discharged or asked to resign by a former employer? ___ Yes ___ No ___ If yes explain: _____ _____ _____
Have you ever been sanctioned for Medicare or Medicaid Fraud or Abuse? Yes ___ No ___	Are you 16 years of age or older? Yes ___ No ___
Have you ever been convicted of a misdemeanor or a felony under any name? (A "yes" answer does not automatically disqualify you for employment.) Yes ___ No ___ If yes, explain: _____ _____	List names of family and friends working at Morton County Health System: _____ _____
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes ___ No ___ <p style="text-align: center;"><i>Proof of citizenship or immigration status will be required upon employment.</i></p>	In case of emergency notify: Name: _____ Address: _____ City: _____ State: _____ Phone: _____

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of activities involved in such a job or occupation has been given.

Yes ___ No ___

EDUCATION

High School (name & city):		Attendance (yr. to yr.)	Graduated: __Yes __No		If GED, date received:
College or other school attended	Location (city, state)	Attended (yr. to yr.)	Did you graduate?	Diploma, degree or certificate	Course of study
Your name while attending school:					

LICENSURE

Registration/license/certification (professional or technical):				
Type of registration, license, certification	Date acquired	Expiration date	State/organization	Number
Driver's License				

EMPLOYMENT HISTORY

Fill out the last 10 years of employment history. Extra forms are available.		
FROM (month/year)	1) Name and address of employer: Name _____ Address: _____ _____ Zip _____	Immediate supervisor: Name: _____ Title: _____ Phone #: _____
TO (month/year)		
Last salary		If present employer, may we contact? __Yes __No Status: __full-time __part-time __as needed
Your name while employed _____ Position Title _____		
Describe your principle duties or responsibilities _____		
Reason for leaving _____		

FROM (month/year)	2) Name and address of employer: Name _____ Address: _____ _____ Zip _____	Immediate supervisor: Name: _____ Title: _____ Phone #: _____
TO (month/year)		
Last salary		If present employer, may we contact? __Yes __No Status: __full-time __part-time __as needed
Your name while employed _____ Position Title _____		
Describe your principle duties or responsibilities _____		
Reason for leaving _____		

EMPLOYMENT HISTORY

FROM (month/year)	3) Name and address of employer: Name _____	Immediate supervisor: Name: _____
TO (month/year)	Address: _____	Title: _____
Last salary	Zip _____	Phone #: _____
		If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Status: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> as needed
Your name while employed _____ Position Title _____		
Describe your principle duties or responsibilities _____		
Reason for leaving _____		

FROM (month/year)	4) Name and address of employer: Name _____	Immediate supervisor: Name: _____
TO (month/year)	Address: _____	Title: _____
Last salary	Zip _____	Phone #: _____
		If present employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Status: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> as needed
Your name while employed _____ Position Title _____		
Describe your principle duties or responsibilities _____		
Reason for leaving _____		

PRE-EMPLOYMENT CERTIFICATION

If employed, I agree to conform to the Morton County Health System rules, regulations and instructions as made known to me at the time of employment or any subsequent time. I also agree to have a tuberculosis skin test and a post offer physical examination as a condition of employment. All offers of employment made by Morton County Health System are expressly dependent upon the candidate's successful completion of the tests.

I further consent and agree that Morton County Health System may conduct unannounced searches of lockers, desks and other areas I may use from time to time and seize any drugs, alcohol, guns or other items not required in the performance of my duties. Further, in accordance with Morton County Health System's drug and alcohol testing policy, I understand that if I test positive for the substances listed on the Morton County Health System policy, my employment may be immediately terminated. I understand that providing additional information other than that requested on this application may result in immediate disqualification from further consideration.

Morton County Health System must operate 24 hours a day, seven days a week. Therefore, I understand that I may be required to work various and differing call times, rotation shifts and hours, including evening and night hours and shifts, Saturdays, Sundays, holidays and overtime in accordance with existing state laws. I further understand and agree that I will work where and when assigned by this facility and perform tasks assigned to me by this facility. I understand that I may be moved to different locations, assignments and departments from time to time as needed to meet staffing needs and requirements. My failure to do so may subject me to immediate dismissal by Morton County Health System.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand and agree that, if hired, my employment at Morton County Health System is at-will, for no definite period and may, regardless of the day of payment of my wages and salary, be terminated at anytime with or without cause and without prior notice. Any representation to the contrary is void.

Signature: _____ **Date:** _____

FOR DEPARTMENT USE ONLY (TO BE COMPLETED BY HIRING SUPERVISOR)

INTERVIEWER(S):	
Date of interview:	Start Date: _____ FTE = _____
Called applicant to schedule interview on: _____ _____ _____	_____ Full Time _____ Part Time _____ PRN
	_____ Salary _____ Exempt _____ Non-Exempt
	_____ Salary _____ Hourly Wage _____ Differential
Job offered: _____ Yes _____ No	If applicable: Dept #: _____ Float: Yes No
If offer not accepted, explain: _____ _____ _____	Licensed/Registered: _____ Yes _____ No
	Date of Physical: _____ Time: _____ Physician: _____
Job title:	Department Director signature:

REFERENCE CHECK

<i>Employer #1:</i>
Verification of employment dates:
Eligibility for re-hire:
Attendance, work attitude & work ethics:
<i>Employer #2:</i>
Verification of employment dates:
Eligibility for re-hire:
Attendance, work attitude & work ethics:
<i>Employer #3:</i>
Verification of employment dates:
Eligibility for re-hire:
Attendance, work attitude & work ethics:
<i>Employer #4:</i>
Verification of employment dates:
Eligibility for re-hire:
Attendance, work attitude & work ethics: