

ALL EMPLOYEES OF NIOBRARA HEALTH AND LIFE CENTER ARE "AT WILL" EMPLOYEES. THIS MEANS THAT AN EMPLOYEE CAN BE TERMINATED FROM EMPLOYMENT FOR ANY REASON OR NO REASON AT ANY TIME. LIKewise, AN EMPLOYEE MAY LEAVE EMPLOYMENT FOR ANY REASON OR NO REASON.

PERSONAL

"APPLICATION FOR EMPLOYMENT"

Date: _____

Name:

Last _____ First _____ Middle _____

Physical Address

Street Name & Number _____ Apt.# _____

City _____ State _____ Zip _____

Mailing Address:

Street Name & Number _____ Apt.# _____

City _____ State _____ Zip _____

Phone: Home (_____) _____ Business (_____) _____

Position Desired _____ Expected Salary: _____

Please indicate which of the following you would accept: _____ Full Time _____ Part Time _____ On Call

Are you willing to work: _____ Weekends? _____ Holidays? _____ Overtime?

When are you available to begin work? _____

Are you able to perform the job for which you are applying? _____ Yes _____ No

Are you legally eligible for employment in the United States? _____ Yes _____ No

Do you have relatives employed by this hospital? _____ Yes _____ No

If yes, in what department? _____

Have you been previously employed by this hospital? _____ Yes _____ No

If yes, give dates and title: _____

Are you of legal age to work? _____ Yes _____ No Social Security Number _____

EDUCATION

School	Name & Location	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
High School					
Trade or Business School					
Correspondence					
College					
College					

EMPLOYMENT

Start with your present or most recent employer:

Company Name	Telephone
Address (Street, City, State, Zip)	Employed (Month & Year) From: To:
Name of Supervisor	Full name while employed at this job:
State job title and describe your work:	Reason for Leaving

Company Name	Telephone
Address (Street, City, State, Zip)	Employed (Month & Year) From: To:
Name of Supervisor	Full name while employed at this job:
State job title and describe your work:	Reason for Leaving

Company Name	Telephone
Address (Street, City, State, Zip)	Employed (Month & Year) From: To:
Name of Supervisor	Full name while employed at this job:
State job title and describe your work:	Reason for Leaving

Company Name	Telephone
Address (Street, City, State, Zip)	Employed (Month & Year) From: To:
Name of Supervisor	Full name while employed at this job:
State job title and describe your work:	Reason for Leaving

Company Name	Telephone
Address (Street, City, State, Zip)	Employed (Month & Year) From: To:
Name of Supervisor	Full name while employed at this job:
State job title and describe your work:	Reason for Leaving

May we contact the employers listed above? Yes No

FOR PROFESSIONAL USE ONLY

License / Certification / Registration No.	State	Date Issued	Expiration Date

Have you ever been convicted of any law violation? (Exclude minor traffic violations) _____ Yes _____ No

If yes, please explain: _____

PROFESSIONAL REFERENCES

List below the names of three persons whom you have known at least one year. Do not include relatives or former employers.

Name	Title	Telephone #	Mailing Address	Occupation	Years Acquainted
1.					
2.					
3.					

EXPERIENCE

- Collections EKG / EEG Physical Therapy X-Ray Surgery/Recovery Room
- ICU-CCU Orthopedics Lab/Chemistry EMS Hospital Admitting/PBX
- Med/Surg Pediatrics Nuclear Medicine Respiratory Therapy Medical Terminology
- Psychiatry IV Therapy Hospital Billing Nursing Supervision Bookkeeping/Accounting
- Other: _____

Typing Speed: WPM _____ Electric Manual Shorthand Speed: WPM _____

Data Processing / Computers
List: _____

Medical Transcription
 Office Machines
List: _____

Additional Comments: _____

I certify that all information provided by me in this application for employment contains no willful misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I give Niobrara Health and Life Center or its authorized agents permission to verify any information given in connection with this application.

Date: _____ Signature of Applicant: _____

ALL EMPLOYEES OF NIOBRARA HEALTH AND LIFE CENTER ARE "AT WILL" EMPLOYEES. THIS MEANS THAT AN EMPLOYEE CAN BE TERMINATED FROM EMPLOYMENT FOR ANY REASON OR NO REASON AT ANY TIME. LIKEWISE, AN EMPLOYEE MAY LEAVE EMPLOYMENT FOR ANY REASON OR NO REASON.

For Employer's Use Only

REFERENCE CHECK

Employer	Person Contacted	Results
1.		
2.		
3.		
