



WASHINGTON COUNTY HOSPITAL

* 304 East Third Street * Washington, Ks. 66968 * (785) 325-2211 * Fax (785) 325-3224

EMPLOYMENT APPLICATION FORM

PLEASE NOTE: Complete all parts of the application. If your application is incomplete, or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. PLEASE PRINT.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

| NAME AND ADDRESS | | |
|--------------------------|--|---------------|
| Name (First, MI, Last) | Social Security Number | Date of Birth |
| Maiden Name | | |
| Mailing Address | | |
| City State, and Zip Code | | |
| Home Phone | Message Phone or Cell Phone | |
| E-mail Address | May we use e-mail to contact you? Yes ___ No ___ | |

| Additional Information |
|---|
| Have you been an employee of this organization in the past? Yes ___ No ___ |
| I certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration). Yes ___ No ___ |
| I certify that I am an U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. Yes ___ No ___ |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? Yes ___ No ___ If Yes, please explain: |
| DO YOU HAVE A VALID DRIVER'S LICENSE? Yes ___ No ___ If No, what is your means of transportation to work? |
| These questions must be answered to be considered for employment. |

| Education (schools attended or special training received) | | | |
|--|------|---------------------------|-------------------|
| School | From | To | Did you graduate? |
| Location | | Type of degree or diploma | |
| School | From | To | Did you graduate? |
| Location | | Type of degree or diploma | |
| School | From | To | Did you graduate? |
| Location | | Type of degree or diploma | |



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| Work History | | | |
|---------------------|------------|--|----------|
| Job Title | From | To | Hrs/Week |
| Employer | | Address | |
| Phone | Supervisor | May we contact this employer? Yes___ No___ | |
| Reason for leaving? | | | |
| Job Title | From | To | Hrs/Week |
| Employer | | Address | |
| Phone | Supervisor | May we contact this employer? Yes___ No___ | |
| Reason for leaving? | | | |
| Job Title | From | To | Hrs/Week |
| Employer | | Address | |
| Phone | Supervisor | May we contact this employer? Yes___ No___ | |
| Reason for leaving? | | | |

| How did you find out about this position? | | |
|---|------------------|-----------------------|
| Current employee? _____ | Newspaper? _____ | Other? _____ Explain: |

| Job Type/Shift | |
|---|--|
| Job You Are Applying For _____ | 2 nd Choice _____ |
| Full Time _____ Part Time _____ Either _____ | Weekends _____ Day _____ Night _____ Holidays _____ Anytime _____ |

| References other than relatives | | |
|---------------------------------|---------|-------|
| Name | Address | Phone |
| Comments | | |
| Name | Address | Phone |
| Comments | | |
| Name | Address | |
| Comments | | |



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| References from previous employers | | |
|--|--------------------------|-------|
| Name | Company name and address | Phone |
| Position | | |
| Comments | | |
| Name | Company name and address | Phone |
| Position | | |
| Comments | | |
| Name | Company name and address | Phone |
| Position | | |
| Comments | | |
| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position which you are applying. | | |
| | | |

| | |
|--|------|
| Signature | Date |
| I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employee with this company terminated. | |