

**KIOWA COUNTY HOSPITAL DISTRICT  
EMPLOYMENT APPLICATION**

**Please read carefully and completely before signing.**

**CONSENT**

I have applied for employment with the Kiowa County Hospital District. I understand that it is the Hospital District's policy to perform criminal background checks on every prospective employee to whom a legitimate job offer has been made.

Have you been convicted of a felony?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If a legitimate job offer is made to me, I hereby give my consent for the Hospital District to perform a criminal background check on me.

**WORK RESTRICTIONS**

Do you have any temporary or permanent work restrictions that might preclude you from performing the job which you are applying?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

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**PREVIOUS EMPLOYER REFERENCE CHECKS**

I hereby authorize Kiowa County Hospital District to perform reference checks with my previous employers. The reference checks will include questions about my attendance, reliability, and quality of work, attitude, job duties, and title, eligibility for rehire and the dates of employment. I authorize my previous employers, as listed on my application, to share this information with the Kiowa County Hospital District employee designated to perform the reference checks.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security # \_\_\_\_\_ Witness: \_\_\_\_\_