

NAME/LAST, FIRST, MIDDLE _____

POSITION _____

DATE _____

APPLICATION FOR EMPLOYMENT



MEMORIAL HOSPITAL
"WE'RE ALL ABOUT YOU... YOUR FAMILY... OUR COMMUNITY" **INC.**

NOTICE

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, CREED, AGE, SEX, MARITAL STATUS, NATIONAL ORIGIN, PHYSICAL DISABILITIES OR MENTAL CONDITION.

DISCLOSURE OF HEALTH INFORMATION

YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION ABOUT PHYSICAL OR MENTAL LIMITATIONS THAT YOU BELIEVE WILL NOT INTERFERE WITH YOUR CAPABILITY TO DO THE JOB(S) FOR WHICH YOU ARE APPLYING. ON THE OTHER HAND, IF YOU WANT MEMORIAL HOSPITAL, INC. TO CONSIDER SPECIAL ARRANGEMENTS TO ACCOMMODATE A PHYSICAL OR MENTAL IMPAIRMENT, YOU MAY IDENTIFY THAT IMPAIRMENT ON AN ATTACHED SHEET AND SUGGEST THE KIND OF ACCOMMODATION THAT YOU BELIEVE WOULD BE APPROPRIATE. ADDITIONALLY, IF MEMORIAL IS AWARE OF YOUR CONDITION AND YOU ARE INJURED ON THE JOB AND THE INJURY AGGRAVATES YOUR HANDICAP, MEMORIAL MAY BE ABLE TO OBTAIN CERTAIN PROTECTION UNDER THE WORKER'S COMPENSATIONS LAWS.

ACCOMMODATION

ANY APPLICANT MAY REQUEST ASSISTANCE WITH THE EMPLOYMENT PROCESS INCLUDING COMPLETION OF THIS APPLICATION FORM AND/OR THE INTERVIEW PROCESS. PLEASE NOTIFY MEMORIAL'S MAIN RECEPTION COUNTER, THE DEPARTMENT DIRECTOR TO WHOM YOU MAY BE APPLYING OR THE VICE PRESIDENT OF HUMAN RESOURCES.

YOUR INITIAL APPLICATION MAY BE SUBMITTED BY MAIL DIRECTLY TO:

HUMAN RESOURCES
MEMORIAL HOSPITAL, INC.
1000 HOSPITAL DRIVE
MCPHERSON, KS 67460-2321
(620) 241-2250

MEMORIAL HOSPITAL INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE READ CAREFULLY - ANSWER ALL QUESTIONS COMPLETELY

PERSONAL INFORMATION				
<u>Last Name</u>	<u>First Name</u>	<u>Middle I.</u>	Application Date	
<u>Current Address</u>		<u>Telephone Number</u>	Alternate Phone #	
<u>City, State, Zip Code</u>		<u>Social Security No.</u>	Are you over 16 years old?	
First Position Choice		Second Position Choice		
<u>On What Basis Would You Be Willing to Work?</u> <u>Mark All That Apply</u> Full Time? Yes ___ No ___ Part Time? Yes ___ No ___ Temporary? Yes ___ No ___				
<u>What Shift Would You Consider Working?</u> Day? Yes ___ No ___ Evening? Yes ___ No ___ Night? Yes ___ No ___				
Have You Ever Worked For Memorial Hospital Before? Yes ___ No ___		If So, When? _____	If not a U.S. citizen, do you have a legal right to remain and work in this country? Yes ___ No ___	
<u>Health Statement</u> - Are you able to perform the essential elements of the position(s) for which you are applying, (with or without accommodation)? Yes ___ No ___ Job descriptions are available for each position you may be applying for. Please review before responding if you are unsure.		Have you ever been convicted of a felony? Yes ___ No ___ If yes explain on a separate piece of paper	Are there any days or periods when you cannot work? Yes ___ No ___ If yes please provide a list of times or dates.	
EDUCATION AND SKILLS				
EDUCATION	Names & Location	Course of Study	No. Years	Degree
High School				
Community College				
College or University				
Technical School				
Other Pertinent Education, Specialized Courses, and/or Skills Acquired.				
List Any Courses Presently Taking.				

EXPERIENCE, CREDENTIALS, REFERENCES

**- Present and Past Employment History -
Unless you are a recent student, you must account for 5 years employment**

Name & Location of Company	From Mo Yr	To Mo Yr	Type of Work	Name of Supv.	Supv. Phone No.	Last Wage*	Reason for Leaving

***Report base wage only. Do not include premium or shift pay.**

May we contact your current employer? ___Yes ___No If neither yes or no is marked, your current employer may be contacted.

Please list any other experience or interest that might help qualify you for the position you are seeking with Memorial Hospital:

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS

Type	Effective Date	Number
Type	Effective Date	Number

Area of specialization, if applicable:

PERSONAL REFERENCES - do not list relatives or previous employers

<u>Name</u>	<u>Occupation</u>	<u>Phone Number</u>

What date would you be available for work?

I hereby declare that all the foregoing information is true and factual and authorize investigation, including reference checking by Memorial Hospital, Inc. (Hospital). I further understand and agree that any misrepresentation of the information I have furnished may be cause for dismissal. I also understand that Hospital has an employee Pension Plan in which participation is required if I become eligible as an employee. The undersigned acknowledges and agrees that Hospital, may request a criminal history record from the Kansas Bureau of Investigation as a condition of obtaining or maintaining employment. Undersigned agrees to hold harmless Hospital, its employees, agents and assigns from and against any and all causes of action, claims, demands, suits or other proceedings of any nature which seek damages or other relief arising from or related to obtaining a criminal history.

Date _____ Signature _____

NOTE: Individuals hired by Memorial Hospital are required to complete a physical examination, which includes a drug screen test for illegal substances. This physical is scheduled only after an employment offer is made. Any offer of employment is specifically conditioned upon negative results for any illegal substances.