

Application for Employment

Long Form

FRANKLIN COUNTY MEMORIAL HOSPITAL
1406 Q ST. FRANKLIN, NE 68939-0315
PHONE: 308-425-6221

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Position applied for: _____ Application Date: _____

Last Name: _____ First Name: _____ Middle _____

Street Address: _____ City: _____ State: _____ Zip _____

Best Contact Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Best Time to Call: _____ Date Available to Work: _____

Shift Preferred: (circle one) First Second Third Would you accept full time work? Yes No Would you accept part time work? Yes No

Have you submitted an application here before: Yes No If yes; Date Applied _____ Position applied for: _____

Have you ever been employed here? Yes No If yes; Dates Worked: _____ - _____ Position Held: _____

Is this application a request for reemployment following an extended military leave of absence from our Company? Yes No
If yes, more information may be required.

If you are under 18 years old can you provide a work permit? Yes No Are you legally eligible for employment in the United States? *Proof required upon hire*

Are you able to perform the "Essential Functions" of the position for which you are applying? Yes No (With or without reasonable accommodation)

NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability or a particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Check if you need more information about specific job functions to respond accurately.

Are you willing to travel? Yes No Are you willing to work overtime? Yes No Have you ever been bonded? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No N/A

Please provide your driver's license number if driving is required for this job: State: _____ Number: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes: please explain:

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of, a crime? Yes No

If yes, please provide date(s) and details: _____

Social Security Number - _____ The company will make reasonable efforts to safeguard this information and it will only be used for employment purposes.

Special Training or Skills: (please list languages, machine operation, accomplishments. . .

Employment Experience

Place an X in the box by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer: _____
Contact Name: _____ Email: _____
Address: _____ Phone: _____
Job Title : _____ Supervisor: _____
Dates Employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Salary: (beginning) ____/____ (ending) ____/____
Work Performed: _____
Reason for leaving: _____
What did you like most about your position? _____
What did you like least about your position? _____

Employer: _____
Contact Name: _____ Email: _____
Address: _____ Phone: _____
Job Title : _____ Supervisor: _____
Dates Employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Salary: (beginning) ____/____ (ending) ____/____
Work Performed: _____
Reason for leaving: _____
What did you like most about your position? _____
What did you like least about your position? _____

Employer: _____
Contact Name: _____ Email: _____
Address: _____ Phone: _____
Job Title : _____ Supervisor: _____
Dates Employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Salary: (beginning) ____/____ (ending) ____/____
Work Performed: _____
Reason for leaving: _____
What did you like most about your position? _____
What did you like least about your position? _____

Explain any gaps in your employment, other than those due to persona illness, injury or disability.

Have you ever been asked to resign from a position? Yes No

If yes: please explain:

Educational Background

High School: _____ **Location:** _____

Course of Study: _____ Did you graduate? Yes No Degree or Diploma Received: _____

College: _____ **Location:** _____

Course of Study: _____ Did you graduate? Yes No Degree or Diploma Received: _____

Graduate School: _____ **Location:** _____

Course of Study: _____ Did you graduate? Yes No Degree or Diploma Received: _____

Vocational Training: _____ **Location:** _____

Course of Study: _____ Did you graduate? Yes No Degree or Diploma Received: _____

Other Course(s) of Study:

Continuing Education:

Professional References

Name: _____ **Position:** _____ **Relationship to you:** _____

Contact Phone: _____ **Contact Email:** _____ **Years Known:** _____

Name: _____ **Position:** _____ **Relationship to you:** _____

Contact Phone: _____ **Contact Email:** _____ **Years Known:** _____

Name: _____ **Position:** _____ **Relationship to you:** _____

Contact Phone: _____ **Contact Email:** _____ **Years Known:** _____

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice to the extent permitted by law, at any time, at either my or the Company's discretion.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president and then only when in writing and signed by the president, has any authority to enter into any agreement for the employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contract and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I Understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of Identity and legal authorization to work in the United States as required by federal immigration law. This company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age disability or any other protected status under applicable state, federal or local law.

Applicant's Signature _____ **Date:** _____