



# OTTAWA COUNTY HEALTH CENTER

215 East Eighth □ P.O. Box 290 □ Minneapolis, KS 67467-0209 □ Phone (785) 392-2122 □ FAX (785) 392-2852

An Affiliate of Great Plains Health Alliance

## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PLEASE PRINT IN INK

Position Applying For	Date Available for Work	Date of Application

### Indicate all shifts that you would be available

- |   |   |
|---|---|
| <input type="checkbox"/> Full time - 12 Hr Shifts(Nurses Only)<br><input type="checkbox"/> 5:30 a.m. – 6:00 p.m.<br><input type="checkbox"/> 6:00 p.m. – 5:30 a.m.<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | <input type="checkbox"/> Part time - (____ hours/week)<br><input type="checkbox"/> 5:30 a.m. – 6:00 p.m.<br><input type="checkbox"/> 6:00 p.m. – 5:30 a.m.<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday |
| <input type="checkbox"/> Full time - 8 Hr Shifts<br><input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday                | <input type="checkbox"/> Part time - (____ hours/week)<br><input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday  |

### How did you learn of our organization

- |  |  |
|--|--|
| <input type="checkbox"/> Ad – please indicate which ad: _____<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Friend<br><input type="checkbox"/> Walk-In or Inquiry |
|--|--|

### Personal Data

Social Security #				
Last Name		First Name		MI
Street Address		City, State		Zip Code
Home Phone ( )	Work Phone ( )	Cell Phone ( )		
E-Mail Address				

### Are you eligible to work in the United States?

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Yes, U.S. citizen                         | <input type="checkbox"/> No       |
| <input type="checkbox"/> Yes, eligible to work permanently in U.S. | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Yes, eligible to work temporarily in U.S. |                                   |

**IF HIRED, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION VERIFYING CITIZENSHIP OR ELIGIBILITY TO WORK IN THE UNITED STATES**

### Background Information

- Have you previously been employed by Ottawa County Health Center?  YES  NO If YES, please list the dates of employment and the position held. \_\_\_\_\_
- Are you 16 years of age or older?  YES  NO

3. Have you ever been convicted of any violation of the law (other than parking tickets)?  YES  NO

*Conviction is not an automatic elimination from employment. Each case is considered individually; however, failure to identify a conviction is cause for automatic ineligibility for hire or dismissal.*

If YES, you MUST report ALL convictions past and present. If it is determined that they are NOT job-related, they will not disqualify you.

Date (Mo/Yr): \_\_\_\_\_ Nature of Offense: \_\_\_\_\_

Result (fine paid, time served, and/or length of probation/ parole): \_\_\_\_\_

Probation/Parole Officer's name and phone number: \_\_\_\_\_

County/State of offense: \_\_\_\_\_

**FOR ADDITIONAL CONVICTION(S), PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER**

**Education**

Schools Attended	Name of School and Location	Did you graduate?	Check one Box	Major/Minor
High School		<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Still Attending	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED Date Received: _____	
Technical Vocational Business or Military Training		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Total Credits _____	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate Date Received: _____	
College or University		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Total Credits _____	<input type="checkbox"/> Degree Date Received: _____	
Graduate School		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Total Credits _____	<input type="checkbox"/> Degree Date Received: _____	

**Employment Record**

Starting with your PRESENT or most recent EMPLOYER, please list all jobs you have had including experience in the military for at least the past five (5) years. Do not omit any work experience that may be unrelated to the job for which you are applying. PLEASE COMPLETE THIS SECTION EVEN IF YOU ARE PROVIDING A RESUME.

Name of Present or Most Recent Employer		
Employer's Address	City, State, Zip Code	Country
From / / - / /	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: _____ hours	Job Title
Reason(s) For Leaving		
May We Contact This Employer <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone
If YES, Supervisor's Name		
Your Name When Working Here		Salary (Circle One) \$ _____ hr wk yr

Name of Previous Employer		
Employer's Address	City, State, Zip Code	Country
From / / - / /	<input type="checkbox"/> Part Time: _____ hours <input type="checkbox"/> Full Time	Job Title
Reason(s) For Leaving		
May We Contact This Employer <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone
If YES, Supervisor's Name		
Your Name When Working Here		Salary (Circle One) \$ _____ hr wk yr

Name of Previous Employer		
Employer's Address	City, State, Zip Code	Country
From / / - / /	<input type="checkbox"/> Part Time: _____ hours <input type="checkbox"/> Full Time	Job Title
Reason(s) For Leaving		
May We Contact This Employer <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone
If YES, Supervisor's Name		
Your Name When Working Here		Salary (Circle One) \$ _____ hr wk yr

Professional Certification / Licenses					
1) License/Registration #	Profession	Expiration Date	3) License/Registration #	Profession	Expiration Date
2) License/Registration #	Profession	Expiration Date	4) License/Registration #	Profession	Expiration Date
Are you CPR Certified? <input type="checkbox"/> No <input type="checkbox"/> YES Date / /		Are you ACLS Certified? <input type="checkbox"/> No <input type="checkbox"/> YES Date / /		Are you BLS Certified? <input type="checkbox"/> No <input type="checkbox"/> YES Date / /	

References					
Please list individuals (other than friends or relatives) who are familiar with your work and educational qualifications (preferably a co-worker or previous supervisor).					
Name			Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Phone	Relationship		Phone	Relationship	

Name			Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Phone	Relationship		Phone	Relationship	

Ottawa County Health Center, an Equal Opportunity Employer, will hire and promote without regard to such non-job-related distinctions as race, creed, religion, age, sex (except when sex is a Bona Fide Occupational Qualification), disability, marital status, sexual orientation, public assistance or national origin.

**DATA PRIVACY: Racial/ethnic data are used only to monitor employment opportunities for protected classes. While we encourage you to provide this information, it is not required.**

<b>OPTIONAL DECLARATION:</b>	
SEX <input type="checkbox"/> F Female <input type="checkbox"/> M Male	DATE OF BIRTH mm/dd/yyyy      /      /
<b>RACE/ETHNIC GROUP (If you are multi-racial, choose one race with which you most closely identify.)</b>	
<input type="checkbox"/> C White, non-Hispanic/Latino <input type="checkbox"/> E Other Hispanic/Latino <input type="checkbox"/> K American Indian or Alaska Native, non-Hispanic/Latino <input type="checkbox"/> P Native Hawaiian or Other Pacific-Island, non-Hispanic/Latino <input type="checkbox"/> T American or Alaska Native & White, non -Hispanic/Latino <input type="checkbox"/> X Asian & White, non-Hispanic/Latino	<input type="checkbox"/> D White non-Hispanic/Latino <input type="checkbox"/> G Black or African-American, non-Hispanic/Latino <input type="checkbox"/> M Asian, non-Hispanic/Latino <input type="checkbox"/> R Black or African-American & White <input type="checkbox"/> V American Indian or Alaska Native & Black <input type="checkbox"/> Z Two or more races, non-Hispanic/Latino

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age, or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and drug screen, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the drug screen and physical examination, which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application