



OTTAWA COUNTY HEALTH CENTER

215 E. 8th | P. O. Box 290 | Minneapolis, KS 67467-0290 | Phone (785) 392-2122 | Fax (785) 392-2852

*Operated under lease by Great Plains of Ottawa Co., Inc.
An Affiliate of Great Plains Health Alliance*

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PLEASE PRINT IN INK

Position You are Applying For	Date Available for Work	Date of Application

Indicate Shifts Available

8-Hour Shifts:

- | | |
|---|---|
| <input type="checkbox"/> Full Time: 40 Hours/Week | <input type="checkbox"/> Part Time: ____ Hours/Week |
| <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights | <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights |
| <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday |

12-Hour Shifts (Hospital RNs and LPNs Only):

- | | |
|---|---|
| <input type="checkbox"/> Full Time: 36 Hours/Week | <input type="checkbox"/> Part Time: ____ Hours/Week |
| <input type="checkbox"/> 5:30 a.m. – 6:00 p.m. | <input type="checkbox"/> 5:30 a.m. – 6:00 p.m. |
| <input type="checkbox"/> 6:00 p.m. – 5:30 a.m. | <input type="checkbox"/> 6:00 p.m. – 5:30 a.m. |
| <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday |

How did you hear about the position or hospital?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper Ad (indicate which publication) _____ | <input type="checkbox"/> Facebook/Indeed |
| <input type="checkbox"/> Friend/Relative _____ | <input type="checkbox"/> Walk-In or Inquiry |
| <input type="checkbox"/> OCHC Website | <input type="checkbox"/> Other _____ |

Personal Data

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

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
 - Have you ever been excluded from participation in any federal health care program? YES NO
 - Have you ever been convicted of a felony? YES NO
- If yes, please explain (This will not necessarily exclude you from consideration): _____

Education

Schools Attended	Name of School and Location	Did you graduate?	Check One	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	
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	
College or University		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Total Credits _____	<input type="checkbox"/> Degree	
Graduate School		<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Total Credits _____	<input type="checkbox"/> Degree	

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 / /	
Are you PALS Certified? <input type="checkbox"/> No <input type="checkbox"/> YES Date / /		Are you TNCC Certified? <input type="checkbox"/> No <input type="checkbox"/> YES Date / /		Other: _____ Date / /	

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
From / / - / /	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part 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		

Employment Record (continued)		
Name of Previous Employer		
Employer's Address		City, State, Zip
From / / - / /	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part 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		

Name of Previous Employer		
Employer's Address		City, State, Zip Code
From / / - / /	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part 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		

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	Title		Phone	Title	

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

Ottawa County Health Center, an Equal Opportunity Employer, does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, age, sex/gender, disability, sexual orientation, sexual identity, transgendered status, pregnancy, genetic information (as defined in the Genetic Information Non-Discrimination Act), military or veteran status, national origin, or any other characteristics as are protected under applicable federal, state, and local laws.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Ottawa County Health Center to verify their accuracy and to obtain reference information on my work performance. I hereby release Ottawa County Health Center from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. 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, if employed, falsified statements of any kind or omissions of facts called for in this application shall be considered a sufficient basis for dismissal.

I understand that participation in Ottawa County Health Center's retirement plan is a condition of employment for employees 18 years and older.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant

Date