



"The heart of healthcare"

Please Return to Human Resource Department

Clay County Medical Center

P.O. Box 512

Clay Center, KS 67432

Telephone: (785) 632-2144

Fax: (785) 632-3686

Employment Application

Important Notice: Applications are taken for current position openings only. Applications will remain current until that position is filled. It will be necessary to reapply and fill out a new application for any future position openings.

Instructions: Complete each applicable section. Enter N/A if item does not apply to you. Provide accurate information including month and year of previous employment, read applicant statement and sign. A complete and signed application is required before employment consideration.

Position Applied For		Department		Application Date (mm/dd/yy)	
APPLICANT INFORMATION					
Last Name		First		Middle	
Street Address		City		State	Zip/Postal Code
Home Telephone Number		Cell Phone Number		E-mail Address	
Social Security Number		Salary Requirements		Date Available To Work	
Type of Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN					
Shift Desired: <input type="checkbox"/> Any Shift <input type="checkbox"/> 7A-7P <input type="checkbox"/> 7P-7A <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights					
Under what other name(s) have you previously been employed or attended school?:					
Have you been previously employed by CCMC before? <input type="checkbox"/> Yes <input type="checkbox"/> No Position/Dept.: _____ From: _____ To: _____					
Reason For Leaving: _____					
How were you referred to CCMC? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> www.ccmcks.org <input type="checkbox"/> Radio <input type="checkbox"/> Employee <input type="checkbox"/> Friend					
If hired, you will be required to provide proof of identity and legal authorization to work in the United States and will be required to complete an I-9 form.					
Are you legally eligible for employment in the United States and can provide proof of identify? <input type="checkbox"/> YES <input type="checkbox"/> NO					
We are a tobacco-free workplace and preference is given to non-tobacco users. Do you use tobacco? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Have you ever been discharged from employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide date(s) and details.					

Have you ever been found guilty, pled no contest or had a conviction for any felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, please provide date(s) and details.					

EDUCATION AND TRAINING					
High School/Graduate Equivalency Diploma					
Name		City		State	Zip Code Year Graduated
College/University/Professional & Trade School - Please start with most recent.					
1. Institution Name		Degree Earned	Course of Study	Years Completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address		City		State	Zip Code
2. Institution Name		Degree Earned	Course of Study	Years Completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address		City		State	Zip Code
3. Institution Name		Degree Earned	Course of Study	Years Completed	Graduated? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address		City		State	Zip Code

SPECIAL SKILLS, CERTIFICATION, LICENSURES

Special knowledge, skills, and abilities to be considered - *relevant to the position you are applying.*

- Typing ____ wpm
 10-key
 Word Processing
 Medical Terminology
 Operate Dictating Equipment
 Computer Programs: _____
 List Other Skills: _____

Type of Certificate/Licensure	Registration Number	Expiration Date	Issuing State/Authority	Are you licensed to practice in Kansas? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

Starting with your most recent employer.

FROM:	Month	Year	Employer	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	Starting/Final Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number		Starting Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Duties:		Reason for Leaving			

FROM:	Month	Year	Employer	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	Starting/Final Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number		Starting Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Duties:		Reason for Leaving			

FROM:	Month	Year	Employer	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	Starting/Final Job Title
TO:	Month	Year	Employer's Address (City, State, Zip)	Supervisor's Name	
Phone Number		Starting Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per		Ending Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
Duties:		Reason for Leaving			

REFERENCES

Please list the names and telephone numbers of three references below who are not related to you and are not previous supervisors.

Name	Home Telephone	Work Telephone

APPLICANT STATEMENT

Clay County Medical Center (CCMC) provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as a disabled veteran in accordance with applicable federal, state and local laws.

Initial I hereby certify that the information given by me on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date. I further understand that a violation of fraud/abuse or misconduct in relation to Federal Healthcare Programs may disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date.

Initial I understand that this employment application and any other CCMC document or agreement either written or oral, are not contracts of employment. Employment may be terminated by either party at any time for any reason. I also understand that any offer of employment will be contingent on the following: proof of eligibility for employment as required by the Immigration Reform Act; satisfactory completion of a background and/or reference checks; and satisfactory completion of a health assessment which will include physical capacity profile testing and drug and/or alcohol screening.

Initial I authorize CCMC, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview, except as previously noted. 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 non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Do not sign until you have read and initialed the above applicant statement.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature: _____ **Date:** _____