

**KEARNEY COUNTY HEALTH SERVICES  
APPLICATION FOR EMPLOYMENT**



Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position(s) Applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I am interested in :      Full-Time (36-40hrs/wk)      Day  
                                  Part-Time (20-35hrs/wk)      I would be available to work:      Evening  
                                  Casual/PRN Pool (no benefits)      Night

**PERSONAL INFORMATION**

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial                                      E-mail Address

\_\_\_\_\_  
 Street/Address/Apt. No                                      City                                      State                                      Zip

(\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_  
 Day Phone Number                                      Evening Phone Number                                      Cell Number

Have you worked under another name?    Yes    No If yes, list name (s) \_\_\_\_\_

Have you worked for Kearney County Health Services previously?    Yes    No  
 If yes, what date did you leave employment? \_\_\_\_\_ Who was your manager? \_\_\_\_\_

If hired, can you provide proof of your eligibility to be employed in the United States?    Yes    No

Have you ever been convicted of **ANY** crime within the last seven (7) years? (conviction will not necessarily disqualify applicant from employment)    Yes    No  
 Disclose **ALL** misdemeanors and felonies (including Driving Under the Influence (DUI), Minor in Possession (MIP) but you may exclude minor traffic violations)

**NOTE: Omitting information or failure to disclose may disqualify you from consideration.**

If yes, please explain \_\_\_\_\_

**EDUCATION AND TRAINING RECORD**

Circle highest grade completed    1 2 3 4 5 6 7 8 9 10 11 12 G.E.D.

Name & location of College or Vocational Education	Certificate / Degree Received	Major or Specialty	Graduated		Dates Attended
			Yes	No	

**PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS (RN, LPN, CNA, ARRT, ASCP, ETC.)**

Profession: \_\_\_\_\_ State Issued: \_\_\_\_\_ License Number: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Has your professional license (in any state) ever been on probation, suspended, revoked, or limited in any way?    Yes    No  
 If yes, give reason \_\_\_\_\_

**HOW WERE YOU REFERRED TO KEARNEY COUNTY HEALTH SERVICES?**

Employee referral ó Name of employee _____	Internet ó List site _____
Minden Newspaper	Job Fair ó List location _____
Kearney Newspaper	School
Hastings Newspaper	Walk - In
NE Workforce Development	Other _____

**EMPLOYMENT RECORD**

List your present or most recent employer **FIRST**. Include U.S. Armed Forces experience. **Account for ALL the time during the past 7 years including period of unemployment. Include any unpaid work experience.** (Attach additional pages as needed.) Omit reasons for leaving if for reasons of health or disability. Resumes are acceptable but may **NOT** be substituted for the following information.

Employer _____ Full-Time Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ Manger _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo. Yr. To: Mo. Yr. <hr/> <u>Salary</u> Start: End: <hr/> May we contact employer? Yes No If no, why _____ _____
Employer _____ Full-Time Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ Manger _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo. Yr. To: Mo. Yr. <hr/> <u>Salary</u> Start: End: <hr/> May we contact employer? Yes No If no, why _____ _____
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Employer _____ Full-Time Part-Time	<u>Employed</u> From: Mo. Yr. To: Mo. Yr.
Address _____	<u>Salary</u> Start: End:
Job Title _____	May we contact employer? Yes No If no, why _____
Primary Duties/Responsibilities _____ _____ _____	
Manger _____ Phone # _____	
Reason for leaving _____ _____	
Employer _____ Full-Time Part-Time	<u>Employed</u> From: Mo. Yr. To: Mo. Yr.
Address _____	<u>Salary</u> Start: End:
Job Title _____	May we contact employer? Yes No If no, why _____
Primary Duties/Responsibilities _____ _____ _____	
Manger _____ Phone # _____	
Reason for leaving _____ _____	

**SKILLS**

Please list any skills and abilities you wish considered. Include skills with equipment or machines you operate, special computer knowledge, laboratory techniques, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST THREE WORK REFERENCES (please do not list relatives)**

Name	Circle One	Daytime Phone Number
1.	<b>Co-worker / Supervisor</b>	
2.	<b>Co-worker / Supervisor</b>	
3.	<b>Co-worker / Supervisor</b>	

**EMPLOYMENT AGREEMENT**

I certify the information contained in this application for employment is true t the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of employment and/or dismissal (if hired) regardless of when discovered.

I grant permission for the authorities of Kearney County Health Services to investigate my work references and release them and any former employer from any and all liability resulting from such investigation. Upon my termination, I authorize the release of reference information on my work.

I agree to submit to a post-offer physical, including drug and/or alcohol screening and recognize employment is contingent upon successfully meeting physical requirements.

I further agree that if I have been convicted of a crime, the authorities of Kearney County Health Services may obtain details of my conviction to determine its relationship to the position I am applying for as a condition of my employment.

In consideration of my employment, I agree to conform to the rules and regulations of Kearney County Health Services. My employment may be terminated, with or without cause, at any time, at the option of Kearney County Health Services or myself.

**Federal law requires evidence of identity and employment eligibility upon hire.**

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

**Kearney County Health Services is an EOE Employer.**

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**APPLICANT DO NOT WRITE BELOW THIS LINE**

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Job Title:		Date Position Accepted:	
Start Date:	Orientation Date:	New Employee    Rehire/Year	
Pay Type:    FT Hourly    FT Exempt    PT FTE: _____    Casual Labor	Prime Shift: 1 <sup>st</sup> 2 <sup>nd</sup> _____(rate)    3 <sup>rd</sup> _____(rate)		Standard Hours Per Day: 8 or less    10    over 40
1 <sup>st</sup> Shift Hourly Rate or Annual (if salaried)	Bi-Weekly (if salaried)	Salary Verified With:	Overtime: 8/80    Over 40
Department Head Signature:	Cost Center/Dept.	Job Code:	Physical Appt Date:
Approval Signature:			