

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

Profession: _____
 License / Certification / Registration Type: _____
 License / Certification / Registration Number: _____
 State Issued: _____

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?

- | | |
|---|--|
| <input type="radio"/> Employee referral – Name of employee: _____ | <input type="radio"/> Internet – List site _____ |
| <input type="radio"/> Minden Newspaper | <input type="radio"/> Job Fair – List location |
| <input type="radio"/> Kearney Newspaper | <input type="radio"/> School |
| <input type="radio"/> Hastings Newspaper | <input type="radio"/> Walk - In |
| <input type="radio"/> NE Workforce Development | <input type="radio"/> 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	<u>Employed</u>
Address: _____		From: Mo. Yr.
Job Title: _____		To: Mo. Yr.
Primary Duties/Responsibilities: _____		<u>Salary</u>
_____		Start:
_____		End:
_____		May we contact employer?
Manager: _____ Phone # _____		↑Yes ↑No
Reason for leaving _____		If no, why? _____
_____		_____

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

Employer: _____ ↑Full-Time↑ Part-Time	<u>Employed</u>
Address: _____	From: Mo. Yr. To: Mo. Yr.
Job Title: _____	<u>Salary</u>
Primary Duties/Responsibilities: _____ _____ _____	Start: End:
Manager: _____ Phone # _____	May we contact employer? ↑Yes ↑No If no, why? _____ _____ _____
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.	Co-worker / Supervisor	
2.	Co-worker / Supervisor	
3.	Co-worker / Supervisor	

EMPLOYMENT AGREEMENT

I certify the information contained in this application for employment is true to 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've 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'm 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: _____