



**KEARNEY COUNTY
HEALTH SERVICES
APPLICATION FOR EMPLOYMENT**

Date: _____

Position(s) Applying for: 1. _____ 2. _____ 3. _____

I am interested in: Full-Time (36-40hrs/wk)
 Part-Time (20-35hrs/wk)
 Casual/PRN Pool (no benefits)

I would be available to work: Day
 Evening
 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 Phone 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? Yes No
 (conviction will not necessarily disqualify applicant from employment)

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: _____

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?

Employee referral – Name of employee: _____

Minden Newspaper

Kearney Newspaper

Hastings Newspaper

NE Workforce Development

Internet – List site _____

Job Fair – List location _____

School

Walk - In

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

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: _____