

DATE

POSITION

NAME/LAST, FIRST, MIDDLE

APPLICATION FOR EMPLOYMENT



McPherson
HOSPITAL

NOTICE

Federal and State laws prohibit discrimination in employment because of race, color, creed, age, sex, marital status, national origin, physical disabilities or mental condition.

DISCLOSURE OF HEALTH INFORMATION

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job(s) for which you are applying. On the other hand, if you want McPherson Hospital, Inc. to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment on an attached sheet and suggest the kind of accommodation that you believe would be appropriate. Additionally, if McPherson Hospital is aware of your condition and you are injured on the job and the injury aggravates your handicap, McPherson Hospital may be able to obtain certain protection under the worker's compensations laws.

ACCOMMODATION

Any applicant may request assistance with the employment process including completion of this application form and/or the interview process. Please notify McPherson Hospital's main reception counter, the department director to whom you may be applying or the Vice President of Human Resources.

Your initial application may be submitted by mail directly to:

HUMAN RESOURCES
McPHERSON HOSPITAL, INC.
1000 HOSPITAL DRIVE
MCPHERSON, KS 67460-2326
(620) 241-2250

McPHERSON HOSPITAL INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE READ CAREFULLY - ANSWER ALL QUESTIONS COMPLETELY

PERSONAL INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Middle I.</u>	<u>Application Date</u>
<u>Current Address</u>		<u>Telephone Number</u>	<u>Alternate Phone #</u>
<u>City, State, Zip Code</u>		<u>Social Security No.</u>	<u>Are you over 16 years old?</u>
First Position Choice		Second Position Choice	
<u>On what basis would you be willing to work?</u> <u>Mark all that apply</u> Full Time? Yes ___ No ___ Part Time? Yes ___ No ___ Temporary? Yes ___ No ___			
<u>What shift would you consider working?</u> Day? Yes ___ No ___ Evening? Yes ___ No ___ Night? Yes ___ No ___			
Have you ever worked for McPherson Hospital before? Yes ___ No ___		If so, when? _____	If not a U.S. citizen, do you have a legal right to remain and work in this country? Yes ___ No ___
Are you currently under sanction from the Medicare or Medicaid program, or suspended or excluded under any other Federal Agency or program, or otherwise prohibited from providing services to Medicare? Yes ___ No ___	Have you ever been convicted of a felony? Yes ___ No ___ If yes, explain on a separate piece of paper.	Are there any days or periods when you cannot work? Yes ___ No ___ If yes, please provide a list of times or dates.	

EDUCATION AND SKILLS

EDUCATION	Names & Location	Course of Study	No. Years	Degree
High School				
Community College				
College or University				
Technical School				

Other pertinent education, specialized courses, and/or skills acquired.

List any courses presently taking.

EXPERIENCE, CREDENTIALS, REFERENCES

- Present and Past Employment History -

Unless you are a recent student, you must account for at least 5 years of employment

Name & Location of Company	From Mo Yr	To Mo Yr	Type of Work	Name of Supv.	Supv. Phone No.	Last Wage*	Reason for Leaving

***Report base wage only. Do not include premium or shift pay.**
 May we contact your current employer? ___ Yes ___ No If neither yes or no is marked, your current employer may be contacted.
 Please list any other experience or interest that might help qualify you for the position you are seeking with McPherson Hospital:

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS

Type	Effective Date	Number
Type	Effective Date	Number

Area of specialization, if applicable:

PERSONAL REFERENCES - do not list relatives or previous employers

Name	Occupation	Phone Number

What date would you be available for work?

I hereby declare that all the foregoing information is true and factual and authorize investigation, including reference checking by McPherson Hospital, Inc. (Hospital). I further understand and agree that any misrepresentation of the information I have furnished may be cause for dismissal. I also understand that Hospital has an employee Pension Plan in which participation is required if I become eligible as an employee. The undersigned acknowledges and agrees that Hospital may conduct a criminal background check as a condition of obtaining or maintaining employment. Under-signed agrees to hold harmless Hospital, its employees, agents and assigns from and against any and all causes of action, claims, demands, suits or other proceedings of any nature which seek damages or other relief arising from or related to obtaining a criminal history. Individuals hired by McPherson Hospital are required to complete a physical examination, which includes a drug screen test for illegal substances. This physical is scheduled only after an employment offer is made. Any offer of employment is specifically conditioned upon negative results for any illegal substances.

Date _____ Signature _____