

Please print, complete form in ink. All questions must be completed or the application will not be considered.

DATE:	Are you 16-18 years of age? Yes ___ No ___		Are you 18 years of age or older? Yes ___ No ___		
Driver's License State & Number: _____ (copy for personnel files)					
State job posting(s) you are interested in: (1) _____ (2) _____ (3) _____					
Name: _____ Maiden Name: _____ Last, First, Middle					
Other names used: _____			Social Security Number: _____		
Mailing Address: _____ P.O. Box, City, State, Zip Code					
Physical Address: _____ P.O. Box, City, State, Zip Code					
Home Phone (include area code): _____		Cell/Mobile Phone: (include area code): _____		Business Phone (include area code): _____	
In case of emergency notify: _____ Phone: _____ Address: _____					
List family/friends working at Morton County Health System: _____					
Date available for employment if position offered: _____				Desired salary: _____	
Available:	Days	Evenings	Nights	Shift: 8 hr 10 hr 12 hr	Status desired: FT PT PRN Temp



## Morton County Health System

### Application for Employment

Human Resource Department  
 445 Hilltop ~ P.O. Box 937  
 Elkhart, Kansas 67950  
 620-697-5250  
 Fax: 620-697-5290  
 Email: [rfullerton@mchswecare.com](mailto:rfullerton@mchswecare.com)  
[www.mchswecare.com](http://www.mchswecare.com)

*Morton County Health System is an equal opportunity employer. We do not discriminate on the basis of race, religion, color, gender, age, national origin or disability.*

Have you ever been sanctioned for Medicare or Medicaid Fraud or Abuse? Yes ___ No ___	Were you ever discharged/asked to resign by an employer? ___ Yes ___ No If yes, explain _____
Have you ever been convicted of a misdemeanor or a felony under any name? (A "yes" answer does not automatically disqualify you for employment) Yes ___ No ___ If yes, explain: _____	
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes ___ No ___ <i>Proof of citizenship or immigration status will be required upon employment.</i>	
Have you worked for the Morton County Health System before? Yes ___ No ___ If yes, when? _____ What Department? _____	Have you filed an application with the Morton County Health System before? Yes ___ No ___ If yes, give date: _____
What skills and abilities do you have for the job you have applied for? _____ _____	

**NOTE TO APPLICANT: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without any reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of activities involved in such a job or occupation has been given. Yes \_\_\_ No \_\_\_

**EDUCATION:** (name while attending school if different than current): \_\_\_\_\_

<b>High School (name &amp; city):</b>	<b>Graduated?</b> __Yes No	<b>GED?</b> __Yes No
<b>College or other school attended (name &amp; city):</b>	<b>Diploma, degree or certification:</b>	
<b>College or other school attended (name &amp; city):</b>	<b>Diploma, degree or certification:</b>	

**LICENSURE:** (Registration, license, certification-professional or technical):

<u>Registration, license, certification type</u>	<u>Date acquired</u>	<u>Exp. Date</u>	<u>State / Number</u>

**EMPLOYMENT:** (Fill out the last 10 years of employment history, extra forms are available on request):

<b>From (month/year)</b>	<b>1-Name &amp; address of employer</b> Name: _____ Address: _____	<b>Immediate Supervisor</b> Name: _____ Title: _____ Phone: _____
<b>To (month/year)</b>		
<b>If present employer may we contact? __Yes __No</b>		<b>Status: FT PT PRN Temp</b>
<b>Your name while employed: _____</b>		<b>Position Title: _____</b>
<b>Describe your principle duties/responsibilities: _____</b>		
<b>Reason for leaving: _____</b>		
<b>From (month/year)</b>	<b>2-Name &amp; address of employer</b> Name: _____ Address: _____	<b>Immediate Supervisor</b> Name: _____ Title: _____ Phone: _____
<b>To (month/year)</b>		
<b>If present employer may we contact? __Yes __No</b>		<b>Status: FT PT PRN Temp</b>
<b>Your name while employed: _____</b>		<b>Position Title: _____</b>
<b>Describe your principle duties/responsibilities: _____</b>		
<b>Reason for leaving: _____</b>		
<b>From (month/year)</b>	<b>3-Name &amp; address of employer</b> Name: _____ Address: _____	<b>Immediate Supervisor</b> Name: _____ Title: _____ Phone: _____
<b>To (month/year)</b>		
<b>If present employer may we contact? __Yes __No</b>		<b>Status: FT PT PRN Temp</b>
<b>Your name while employed: _____</b>		<b>Position Title: _____</b>
<b>Describe your principle duties/responsibilities: _____</b>		
<b>Reason for leaving: _____</b>		

**PRE- EMPLOYMENT CERTIFICATION**

If employed, I agree to conform to the Morton County Health System rules, regulations and instructions as made known to me at the time of employment or any subsequent time. I also agree to have a tuberculosis skin test and a post offer physical examination as a condition of employment. All offers of employment made by Morton County Health System are expressly dependent upon the candidate's successful completion of the tests.

I consent and agree that Morton County Health System may conduct unannounced searches of lockers, desks and other areas I may use from time to time and seize any drugs, alcohol, weapons or other items not required in the performance of my duties. In accordance with Morton County Health System's drug and alcohol testing policy, I understand that if I test positive for the substances listed on the Morton County Health System policy, my employment may be immediately terminated. Further, I understand that if my criminal background check is not clear, my employment may be immediately terminated. I understand that providing additional information other than that requested on this application may result in immediate disqualification from further consideration.

Morton County Health System must operate 24 hours a day, seven days a week. Therefore, I understand that I may be required to work various and differing call times, rotation shifts and hours, including evening and night hours and shifts, Saturdays, Sundays, holidays and overtime in accordance with existing state laws. I further understand and agree that I will work where and when assigned by this facility and perform tasks assigned to me by this facility. I understand that I may be moved to different locations, assignments and departments from time to time as needed to meet staffing needs and requirements. My failure to do so may subject me to immediate dismissal by Morton County Health System.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand and agree that, if hired, my employment at Morton County Health System is at-will, for no definite period and may, regardless of the day of payment of my wages and salary, be terminated at any time with or without cause and without prior notice. Any representation to the contrary is void.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE AUTHORIZATION**

Morton County Health System may request information regarding an applicant's education and work history from previous employers and educational facilities.

Therefore, I, the undersigned, hereby authorize and request any present or former employer, education institution, law enforcement agency, financial institution, motor vehicle driving records or other person having personal knowledge about me to furnish MCHS and/or its agents, with any and all information in their possession regarding me, in connection with an application for or retention of employment.

Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to MCHS and/or its agents. A photocopy or fax of this authorization is as effective as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Example: Mr/Mrs (name of applicant) has applied for employment with us and has told us that he/she previously worked for your company. I would like to verify some information he/she has given to us. Do you have time to answer a few questions? (If not, get a definite time to recall).

<p>1-Company Name _____ Phone # _____</p> <p>Name &amp; title of person supplying information _____</p> <p>-Was applicant employed by your company? Yes No</p> <p>-Applicant worked for your company from _____ to _____. Is this correct? Yes No If not, what are the correct dates: _____ to _____.</p> <p>-What was the applicant's job title when he/she began working for you? _____ What was the applicant's job title when he/she left your company? _____</p> <p>-What information can you give concerning:</p> <p>Quality of work _____</p> <p>Quantity of work _____</p> <p>Getting along with co-workers _____</p> <p>-Why did the applicant leave your company? _____</p> <p>-Is the applicant eligible for rehire with your company? Yes No If no, why? _____</p> <p>-Additional comments: _____</p>
<p>2-Company Name _____ Phone # _____</p> <p>Name &amp; title of person supplying information _____</p> <p>-Was applicant employed by your company? Yes No</p> <p>-Applicant worked for your company from _____ to _____. Is this correct? Yes No If not, what are the correct dates: _____ to _____.</p> <p>-What was the applicant's job title when he/she began working for you? _____ What was the applicant's job title when he/she left your company? _____</p> <p>-What information can you give concerning:</p> <p>Quality of work _____</p> <p>Quantity of work _____</p> <p>Getting along with co-workers _____</p> <p>-Why did the applicant leave your company? _____</p> <p>-Is the applicant eligible for rehire with your company? Yes No If no, why? _____</p> <p>-Additional comments: _____</p>
<p>3-Company Name _____ Phone # _____</p> <p>Name &amp; title of person supplying information _____</p> <p>-Was applicant employed by your company? Yes No</p> <p>-Applicant worked for your company from _____ to _____. Is this correct? Yes No If not, what are the correct dates: _____ to _____.</p> <p>-What was the applicant's job title when he/she began working for you? _____ What was the applicant's job title when he/she left your company? _____</p> <p>-What information can you give concerning:</p> <p>Quality of work _____</p> <p>Quantity of work _____</p> <p>Getting along with co-workers _____</p> <p>-Why did the applicant leave your company? _____</p> <p>-Is the applicant eligible for rehire with your company? Yes No If no, why? _____</p> <p>-Additional comments: _____</p>