



Fillmore County Hospital

P.O. Box 193
Geneva, NE 68361
(402) 759-3167
(877) 277-9771

Application for Employment

Date: _____

Last 4-digits of Social Security # XXX-XX-_____

Email address: _____

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

I am interested in: Full-Time Part-Time PRN

I would be available to work: Day Evening Night Weekends

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Street/Address/Apt. No _____ City _____ State _____ Zip _____

(____) _____ (____) _____ (____) _____

Day Phone Number _____ Evening Phone Number _____ Cell Number _____

Are you 18 years of age or older? Yes No

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

Have you worked for Fillmore County Hospital 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), etc...)
You may exclude minor traffic violations.

If yes, please explain _____

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

Education and Training Record

Circle highest high school 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 Fillmore County Hospital?

- Employee referral – Name of employee _____ Internet – List site _____
- Newspaper _____ Job Fair – List location _____
- Radio _____ 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 10 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.

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

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

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

“I, _____, hereby give consent to any and all prior employers of mine to provide information with regards to my employment with prior employers to Fillmore County Hospital.” (This reference release is only valid for six (6) months past the date of signature below.)

Employment Agreement *(Please read and sign)*

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 Fillmore County Hospital 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 the post-offer and physical requirements.

I further agree that if I've been convicted of a crime, the authorities of Fillmore County Hospital 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 Fillmore County Hospital. My employment may be terminated, with or without cause, at any time, at the option of Fillmore County Hospital or myself.

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

Signature of Applicant _____ **Date** _____

PLEASE TYPE YOUR NAME HERE IF SUBMITTING VIA EMAIL

Fillmore County Hospital is an EOE

Return this Application to the HR Department.

Human Resources Department

P.O. Box 193

Geneva, NE 68361

www.myfch.org

Applicant Do Not Write Below this Line

Job Title:	Date Position Accepted:	
Start Date:	Orientation Date:	<input type="checkbox"/> New Employee <input type="checkbox"/> Rehire
Pay Type: <input type="checkbox"/> FT Hourly <input type="checkbox"/> FT Exempt <input type="checkbox"/> PT <input type="checkbox"/> PRN	Primary Shift: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Standard Hours Per Day:
Department Head Signature: Department	Employee Number	Standard Hours Per Pay Period:
Director of HR Approval Signature:	Physical Appt Date:	Physical Appt Time:

Revised 4-10-13