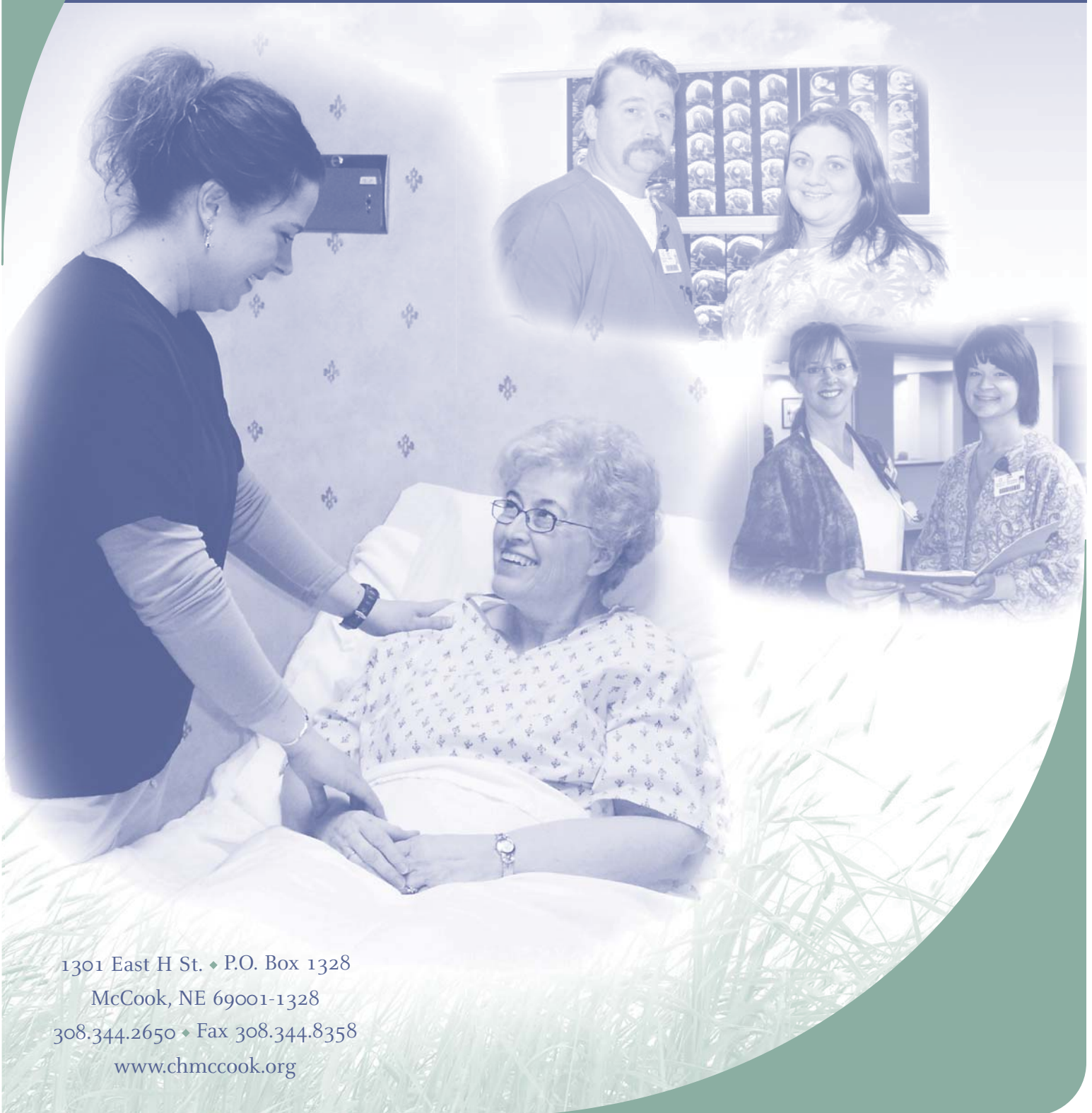


Name: _____



Employment Application



1301 East H St. ♦ P.O. Box 1328
McCook, NE 69001-1328
308.344.2650 ♦ Fax 308.344.8358
www.chmccook.org

GENERAL INFORMATION

Name _____ Home Phone or Message _____
Street Address _____ Soc. Sec. No. _____
City _____ State _____ Zip Code _____
Email Address _____
Position Desired _____ Full Time Part Time Date Available _____
Shift(s) Preference _____ Hours/Days/Shifts you are UNABLE to work _____

WORK EXPERIENCE

Instructions: Begin with most RECENT position, and include job-related military service and volunteer work where applicable.

Name of Employer _____ Job Title _____
Address _____ Phone Number _____
Immediate Supervisor _____
Date of Employment: From _____ to _____ Salary _____
Name employed under if other than above _____
Duties _____
Reason for Leaving _____

Name of Employer _____ Job Title _____
Address _____ Phone Number _____
Immediate Supervisor _____
Date of Employment: From _____ to _____ Salary _____
Name employed under if other than above _____
Duties _____
Reason for Leaving _____

Name of Employer _____ Job Title _____
Address _____ Phone Number _____
Immediate Supervisor _____
Date of Employment: From _____ to _____ Salary _____
Name employed under if other than above _____
Duties _____
Reason for Leaving _____

REGISTRATION INFORMATION

Please list the profession for which you are licensed, i.e., Registered Nurse, Anesthetist, Pharmacist, etc.

Profession _____ License Number _____ Temporary Permit Number _____
Are you currently licensed in Nebraska? Yes No Expiration Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status. (Not all prohibited bases apply to all programs.)"

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). "USDA is an Equal Opportunity provider, and employer."

EDUCATIONAL INFORMATION

High School Graduate or G.E.D.? Yes No

School Attended _____

Address _____

Highest grade completed _____

College Attended _____

Address _____

Last year completed _____

Degree attained _____

Major _____ Minor _____

Other _____

OTHER PERSONAL INFORMATION

Are you age 16 or over? Yes No

Have you ever been employed by this hospital before? Yes No

Do you have relatives working at Community Hospital? Yes No

If yes, who _____ Relationship _____

Have you ever been convicted of a felony or of any crime relating to theft, dishonesty, or acts of violence? Yes No

If yes, explain _____

(Conviction record will not necessarily bar employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.)

Please list any skills, experience, or qualifications which you feel would especially benefit you in a health care organization:

Level of computer skills: Beginner Intermediate Advanced

Person to contact in case of serious illness or injury: _____

Address _____ Phone _____

Are you a citizen or authorized to be employed in the United States? Yes No

PERSONAL REFERENCES

List three persons, other than relatives or former employers, who have knowledge of your skills and character.

Name	Address	Phone
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

FOR ALL APPLICANTS: I hereby authorize Community Hospital to investigate all statements made in this application and to contact all employers, schools, and/or character references listed. I understand that any false statements made in this application will be sufficient cause for denial of employment or discharge. I further understand that inquiries may be made, concerning my background, experience, criminal history, driving record and prior employment. I further understand that any job offer subsequently made is conditional on my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 and drug/alcohol and other job-related pre-employment screenings. I release from liability Community Hospital and all persons supplying any above information. If subsequently employed, I agree to conform to Community Hospital's rules and regulations. Neither this form nor any other written policy or unwritten policy or procedure of the hospital shall constitute a contract of employment between the hospital and the employee. I also acknowledge that no oral representations have been made, and that no one at the hospital has the authority to make oral contracts of employment. If hired, my employment relationship with the hospital is terminable at will, with or without cause, by either myself or the hospital. The hospital reserves the right to terminate the employment relationship at any time. I hold harmless Community Hospital for furnishing references to those to whom I may hereafter seek employment. Community Hospital is a tobacco-free campus.

Applicant's Signature _____ Date _____



COMMUNITY HOSPITAL

Advanced care. Always there.

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3/2007