

EMPLOYMENT APPLICATION



2000 Washington, Great Bend, KS 67530
 Phone: 620-792-4643 Fax: 620-792-4589 Toll Free: 1-866-592-0102

TODAY'S DATE: _____ INTERVIEW DATE & TIME: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: () _____ WORK PHONE: () _____

CURRENT ADDRESS: _____
STREET ADDRESS

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET ADDRESS

CITY STATE ZIP

EMAIL ADDRESS: _____

| | |
|--|--|
| Position(s) for which you are applying 1st _____ Wage Desired _____ 2nd _____ Wage Desired _____ | Type of employment you want <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Relief How long do you plan to <input type="checkbox"/> Summer work here? _____ |
|--|--|

Circle days of the week you would be available to work: **S M T W Th F S** Date available to begin _____

Would you consider working any shift? Yes No Shift preference: 1st 2nd 3rd Weekends

Do you have the legal right to work in the United States? Yes No

If you are not a U.S. citizen: Type of Visa you carry _____ Alien registration number _____

How were you referred to AllStaff?
 Walk-in AllStaff employee (name) _____ Other _____
 School Newspaper (city) _____

Have you previously applied here? Yes No If yes, when? _____ Dept. _____

Were you previously employed here? Yes No If yes, when? _____ Dept. _____

What other names have you used when employed at AllStaff?

| | | | |
|------------|-------------|------------|-------------|
| Name _____ | Dates _____ | Name _____ | Dates _____ |
| Name _____ | Dates _____ | Name _____ | Dates _____ |

| List States and Counties of residence for the past seven years | | | |
|--|-------|--------------|-------|
| State/County | Years | State/County | Years |
| 1. _____ | _____ | 1. _____ | _____ |
| 2. _____ | _____ | 2. _____ | _____ |

What other Social Security Numbers have you used? _____

EDUCATION

Circle the highest level of elementary and secondary education completed: 1 2 3 4 5 6 7 8 9 10 11 12
 Have you passed the G.E.D. exam? Yes No

| | Name, City, State | Course of Study | Diploma/Degree |
|--|-------------------|-----------------|----------------|
| High School | | | |
| College or University | | | |
| College or University | | | |
| Professional, Vocational, Technical, Business School | | | |
| Other | | | |

Typing Speed _____ W P M Medical Terminology Yes No Dictaphone Yes No 10 key yes no

Software used: _____

PROFESSIONAL LICENSE AND CERTIFICATIONS

| License or Certification Type | Number | State or Issuing Agency | Date of Issue | Expiration Date |
|-------------------------------|--------|-------------------------|---------------|-----------------|
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DRIVERS LICENSE

If the position for which you are applying requires you to drive, do you have the appropriate, valid driver's license? Yes No

Driver's License No. _____ State _____ Type _____

Driving violations in the last 3 years (other than parking tickets) _____

OTHER LANGUAGES

Languages other than English you can speak fluently _____

Would you be willing to interpret for patients, residents or employees (non-medical interpretation) if asked? Yes No

REQUEST FOR ACCOMMODATION

After reviewing the duties of the job(s) for which you are applying:

Are you able to do most of the job, with or without reasonable accommodations? Yes No

Are there any special accommodations you need in order to do the job? Yes No

If yes, please describe each accommodation you need and explain how it would help you to do the job.

NOTE: You must request special accommodation(s), of which you are aware now, within five (5) days of starting your job.

REFERENCES

Please do not duplicate reference information listed in employment history. (Do not list relatives.) PLEASE BE COMPLETE.

| | | |
|-------|----------------|--------------|
| NAME | ADDRESS | ORGANIZATION |
| PHONE | CITY/STATE/ZIP | OCCUPATION |
| NAME | ADDRESS | ORGANIZATION |
| PHONE | CITY/STATE/ZIP | OCCUPATION |
| NAME | ADDRESS | ORGANIZATION |
| PHONE | CITY/STATE/ZIP | OCCUPATION |

EMPLOYMENT HISTORY

Your application will be not considered unless you have completed all the information on this page, including addresses and telephone numbers of former employers and reasons for leaving. This page must be filled in even if you are submitting a resume your application. List your work experience for the past ten (10) years BEGINNING WITH YOUR MOST RECENT POSITION.

WHEN MAY WE CONTACT YOUR PRESENT EMPLOYER AS A REFERENCE? Date _____

| | | | | | |
|------------------|--|----|----|-----------|--------------------|
| Firm Name | | Mo | Yr | Job Title | Job Duties |
| Street Address | From | | | | |
| City & State | To | | | | |
| Phone Supervisor | Final Salary \$ _____ | | | | |
| | <input type="checkbox"/> Hour <input type="checkbox"/> Part Time | | | | |
| | <input type="checkbox"/> Week <input type="checkbox"/> Full Time | | | | |
| | <input type="checkbox"/> Month | | | | |
| | <input type="checkbox"/> Year | | | | |
| | | | | | Reason for leaving |

| | | | | | |
|------------------|--|----|----|-----------|--------------------|
| Firm Name | | Mo | Yr | Job Title | Job Duties |
| Street Address | From | | | | |
| City & State | To | | | | |
| Phone Supervisor | Final Salary \$ _____ | | | | |
| | <input type="checkbox"/> Hour <input type="checkbox"/> Part Time | | | | |
| | <input type="checkbox"/> Week <input type="checkbox"/> Full Time | | | | |
| | <input type="checkbox"/> Month | | | | |
| | <input type="checkbox"/> Year | | | | |
| | | | | | Reason for leaving |

| | | | | | |
|------------------|--|----|----|-----------|--------------------|
| Firm Name | | Mo | Yr | Job Title | Job Duties |
| Street Address | From | | | | |
| City & State | To | | | | |
| Phone Supervisor | Final Salary \$ _____ | | | | |
| | <input type="checkbox"/> Hour <input type="checkbox"/> Part Time | | | | |
| | <input type="checkbox"/> Week <input type="checkbox"/> Full Time | | | | |
| | <input type="checkbox"/> Month | | | | |
| | <input type="checkbox"/> Year | | | | |
| | | | | | Reason for leaving |

If your last name was different from the one you are now using in any of the above positions, please print other names and dates.

Name _____ Date _____ | Name _____ Date _____

Account for all periods of unemployment for the past 10 years until the present.

| From | To | |
|------|----|--|
| | | |
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APPLICANT CERTIFICATION AND CONSENT

I CERTIFY:

- That all information contained in this application for employment is correct and complete.
- I am not listed on the Kansas Child Abuse Central Registry or Adult Abuse Central Registry of persons found to have abused or neglected children, elderly or handicapped patients or residents and I am not listed on any employee disqualification list of any other state.
- I have never been convicted of a criminal offense related to health care and I am not listed on the U.S. General Services Administration list of persons excluded from participation in any Federal procurement or non-procurement program.

I CONSENT:

- To investigation by AllStaff Cht'd. and its agents of any or all information concerning my previous employment, my education, my license, registration/certification, my health status, and police and government records, and to release any prior employers, references, educational institutions and licensure, government and police agencies from liability for furnishing such information.
- To a criminal history background check to be conducted by AllStaff Cht'd. and it's agent(s) in accordance with their policies and procedures, and to release of my criminal history records to AllStaff Cht'd. who will consider information contained in my background solely for the purpose of determining my suitability for the position(s) for which I applied. I do not authorize release of this information for any purpose beyond this employment decision.

I UNDERSTAND that, if I am hired by AllStaff Cht'd. or any affiliate organization, my employer and its agents may investigate my credit file or obtain other consumer reports at any time during my employment for the purpose of making decisions about promoting, reassigning or retaining me as an employee.

I UNDERSTAND that this application for employment is valid for three (3) months only. After that time I must physically return to AllStaff Cht'd to complete another application if I wish to apply for employment again.

_____ Applicant Printed Name

_____ Signature

_____ Date

NOTE TO THE APPLICANT: The information that you give on this application form is used in evaluating qualifications and suitability for employment. this is not an employment contract. Please answer all questions completely and accurately. Omissions of information or false misleading statements on this form or during an interview are grounds for disqualifying your application or for terminating your employment if discovered later. Qualified applicants receive consideration without discrimination because of gender, marital status, race, color, age (40 or over), creed, country of origin, the presence of disabilities, or veteran status. All job offers are conditional until you satisfactorily meet the following requirements: test of job-related skills; health history; previous employment references; and background checks in accordance with job requirements and AllStaff Cht'd policy.

TO BE COMPLETED BY EMPLOYEE AFTER HIRE

| | | |
|-----------------------------------|--------------------|----------------------|
| Marital Status _____ M _____ S | Spouse's Employer | Telephone () |
| Spouse's Name | Employer's Address | City/State/Zip |
| Person to Notify in Emergency | Relationship | |
| Address | City/State/Zip | Telephone () |

FOR OFFICE USE ONLY

Starting Wage _____ Date of Hire _____

| | | |
|--------------------------------|-------------------|------------|
| Excluded Provider List Check | VERIFIED BY _____ | DATE _____ |
| Kansas Central Registry (KDHE) | VERIFIED BY _____ | DATE _____ |
| Criminal Background Check | VERIFIED BY _____ | DATE _____ |