



3. Name of Current or Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Rate of Pay: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Supervisor Name/Title \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Please list any reasons for gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

Are you over 18 years old: Yes  No

Are you a citizen of the Unites States or do you have a valid work permit? Yes  No

(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Job Only: Do you have a valid Driver's License? Yes  No  License# \_\_\_\_\_ State issued: \_\_\_\_\_

1. Have you ever been convicted of a felony? Yes  No  (A conviction will not necessarily disqualify an applicant.)

if Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been sanctioned by Medicare, Medicaid, Champus or other government programs? Yes  No

3. Have you held a management position in an organization that was sanctioned by Medicare, Medicaid, Champus or other

government programs? Yes  No

if Yes to either question 2 or 3, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Name of School or University	Highest Grade or Degree Achieved/Date	Major Subjects
High School: _____	_____	_____
College: _____	_____	_____
Other: _____	_____	_____
Business, Vocational, Military: _____	_____	_____

Please list any other skills you feel may apply to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**REFERENCES**

Please list three references. (NOT RELATIVES)

	Name	Address	Phone	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

---

**AGREEMENT TO INVESTIGATION AND AT WILL AGREEMENT**

I understand and agree that my background could be investigated and that the nature and scope of the investigation, if one is conducted, could include such general identification information, residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employment will be terminated because of falsity of statements, answers or consequential omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character, and qualification. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions are true and were made by me without any reservations. I understand that any misleading or incorrect statements will render this application void, and if employed, will be cause for termination. I also understand that if employed either the Employer or I may terminate our relationship at will, without notice or for any reason and that this employment application does not constitute an employment contract. This At Will Agreement cannot be changed except by another written, signed by Administration, and entitled "Modification of At Will Agreement" by Administration.

This Employer is hereby authorized to any other firm or person with whom I seek Employment, any and all information concerning my employment.

"Under the Uniform Electronic Transaction Act (K.S.A. 16-1601) a document sent electronically may be considered an electronic record. If you wish to submit this employment application electronically to Great Bend Regional Hospital, check this box, sign and date below. In doing so, you are hereby certifying that this electronic submission shall be given the same legal effect as a handwritten signature."

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Are you related to any employees currently working at Great Bend Regional Hospital? Yes  No

If yes, who is the employee(s) \_\_\_\_\_

An employee is related to you if he or she is your child or a descendent of you child, your siblings, or stepsiblings, your parent or an ancestor of your parent, your step-parent, your niece, or nephew, your aunt or uncle, or your in-law.

When clicking submit, the user will be coached to select a method of delivery; Outlook or Internet mail such as Yahoo or Gmail. If the user selects Outlook, a new mail item will appear with the document attached for sending. If using Internet mail, save the document to a local drive, and attach it to a new mail item going to tcloninger@gbregional.com