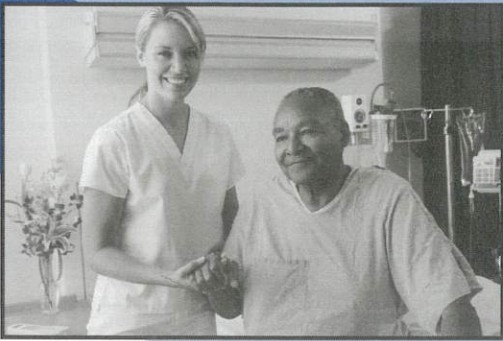


NAME/Last, First, Middle _____

Position _____

Date _____



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATIONName _____
Last First MiddlePresent Address _____
Street City State Zip Code

Phone Number _____

Permanent Address _____
Street City State Zip Code

Phone Number _____

If you cannot be reached at above phone number, where may we contact you? Phone _____ Name of Person _____

EMPLOYMENT DESIRED

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

How Did You Learn Of This Opening? _____

Will You Accept Employment of: ☐ Full time ☐ Part time ☐ TemporaryDate Available _____ If Under 18 Yrs. of Age, Do You Have a Work Permit? ☐ Yes ☐ No**EDUCATION/TRAINING**

School	Name and Address of School	Courses Taken	Did You Graduate?	Diploma, Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
Lab or X-Ray Training			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date / /	
Other Classes/Training				

Extracurricular Activities While in School: _____

Area of Specialization or Major Interest: _____

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number	Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

MILITARY RECORD

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupational Specialty

Specialized Training: _____

List Service Awards, Commendations: _____

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Dates Employed	Month	Year	Month	Year
	From			To	
Address (Street, City, State, Zip Code)	Phone		Starting Salary	Ending Salary	
			\$	\$	
Position Title	Immediate Supervisor's Name and Title				
Job Description & Responsibilities:					
May we contact for reference?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Company Name	Dates Employed	Month	Year	Month	Year
	From			To	
Address (Street, City, State, Zip Code)	Phone		Starting Salary	Ending Salary	
			\$	\$	
Position Title	Immediate Supervisor's Name and Title				
Job Description & Responsibilities:					
May we contact for reference?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Company Name	Dates Employed	Month	Year	Month	Year
	From			To	
Address (Street, City, State, Zip Code)	Phone		Starting Salary	Ending Salary	
			\$	\$	
Position Title	Immediate Supervisor's Name and Title				
Job Description & Responsibilities:					
May we contact for reference?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Company Name	Dates Employed	Month	Year	Month	Year
	From			To	
Address (Street, City, State, Zip Code)	Phone		Starting Salary	Ending Salary	
			\$	\$	
Position Title	Immediate Supervisor's Name and Title				
Job Description & Responsibilities:					
May we contact for reference?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Company Name	Dates Employed	Month	Year	Month	Year
	From			To	
Address (Street, City, State, Zip Code)	Phone		Starting Salary	Ending Salary	
			\$	\$	
Position Title	Immediate Supervisor's Name and Title				
Job Description & Responsibilities:					
May we contact for reference?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Company Name	Dates Employed	Month	Year	Month	Year
	From			To	
Address (Street, City, State, Zip Code)	Phone		Starting Salary	Ending Salary	
			\$	\$	
Position Title	Immediate Supervisor's Name and Title				
Job Description & Responsibilities:					
May we contact for reference?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Have you ever been convicted of a crime? ☐ Yes ☐ No If so, for what, when and where? _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information which may assist us in placing you. _____

REFERENCES LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

Name And Relationship	Title	Company Name & Address	Telephone

AVAILABILITY INFORMATION

Please Indicate Days and Hours You Are Available For Work (Be Specific)		
Day	From	To
Sunday	A.M.	A.M.
	P.M.	P.M.
Monday	A.M.	A.M.
	P.M.	P.M.
Tuesday	A.M.	A.M.
	P.M.	P.M.
Wednesday	A.M.	A.M.
	P.M.	P.M.
Thursday	A.M.	A.M.
	P.M.	P.M.
Friday	A.M.	A.M.
	P.M.	P.M.
Saturday	A.M.	A.M.
	P.M.	P.M.

Primary position desired _____

Will you accept another position? ☐ Yes ☐ No

If so, what? _____

Are you available to work:

Weekends ☐ Yes ☐ No Holidays ☐ Yes ☐ No

Rotating Shifts ☐ Yes ☐ No On Call ☐ Yes ☐ No

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

Applicant's Signature _____ Date _____

If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective, then, for any future employment.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____

Date _____

HEALTH OCCUPATIONS CREDENTIALING
612 SOUTH KANSAS AVE, TOPEKA, KS 66603-3404
CRIMINAL RECORD CHECK REQUEST FORM

FACILITY NAME:

FACILITY I D #

ADDRESS:

CITY:

STATE :

ZIP CODE:

Applicant information: ALL REQUESTED INFORMATION MUST BE PROVIDED or the form will not be processed.

Last Name:

First Name:

Middle Name

Suffix (Jr, Sr, etc)

Other Names Ever Used:

Last Name:

Last Name: **

** List additional names on back. Check here if more on back. ☐

Social Security Number

Date of Birth

Sex

Race

One of the following must be selected

A - Asian or Pacific Islander

B - Black

I - Native American/Alaskan Native

W - White

Address

Post Office Box # (if applicable)

City

State

County

Zip Code

Home Phone

Work Phone

Certificate # (if applicable)

Job Classification: Determine the correct job classification for the applicant and
Insert the three letter abbreviation in the box.

Activities Staff	ACS	Food Service Worker	FSW	Medical Records Staff	MRS
Administrator	ADM	Home Health Aide	HHA	Operator	OPR
Business and Administrative	BAS	Home Health Aide Trainee	HHT	Paid Driver	DRV
Certified Medication Aide	CMA	Housekeeping	HSK	Paid Nutrition Assistant	PNA5
Certified Nurse Aide	CNA	Human Resources Staff	HRS	Personnel Staff	PER
Nurse Aide Trainee	NAT	Laundry Workers	LDW	Restorative Aide	RSA
Chaplain	CHN	Maintenance Worker	MTW	Social Service Designee	SSD
Clerical Staff	CLS	Marketing Staff	MKT	Volunteer Coordinator	VLC
				Wellness Staff	WEL