



## Application for Employment

**It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.**

Human Resources Department  
800 Raven Hill Drive  
Atchison, KS 66002

Date

This application can be active as long as legally required.

Last Name		First Name		Middle Initial	Are You At Least 18 Years Old? Yes	Last 4-digits of Social Security Number	Home Phone And Cell Phone	
Present Address				Present City	Present State	Present Zip Code	E-Mail Address	
Previous Address					Previous City	Previous State	Previous Zip	
Current Open Position(s) for Which You Are Applying					Type of Position		Shift	
					Per Diem	Pool	Weekend	
					Full Time	PRN	Day	Night
					Part Time	Temporary	Evening	Rotation
Salary Requirement \$	Are You Willing To Travel? Yes	Are You Willing To Relocate? Yes	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes					
If overtime work is required periodically, does this pose a problem for you? No				Date Available For Work	Are You Legally Authorized to Work in the U.S.? Yes			
Have you ever worked in this facility? No			If yes, what facility?			Are you related to another facility employee? No		
How did you learn about this position?		Are you able to perform the essential, job related functions of the position for which you are applying with or without reasonable accommodations? Yes Describe any accommodations necessary:						
State Employment Commission	Internet							
Agency	Ad	Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? No						
Job Listing	School	Arrests or charges that have been expunged need not be disclosed. If yes, give date, place and nature of each such conviction.						
Current Employee	Job Line							
Other:		Are you presently charged with any violation of the law? No If yes, give date, place and nature of each such event:						
		Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program?						

## Educational History

Type of School	Name of School	Check Last Year Attended in School	Degree or Certificate
	City,State		
High School	School: City: State:	9    10    11    12 Graduated/GED?   No	Degree:
College	School: City: State:	1    2    3    4 Graduated?   n/a	Degree:
College	School: City: State:	1    2    3    4 Graduated?   n/a	Degree:
Graduate School	School: City: State:	1    2    3    4 Graduated?   n/a	Degree:
Other	School: City: State:	1    2    3    4 Graduated?   n/a	Degree:
Other	School: City: State:	1    2    3    4 Graduated?   n/a	Degree:

List any professional licenses, registration or certification you possess  
 (Include only the last 4 digits of your Driver's License, if applicable)  
 Include Type, State Issued, Expiration Date and Number.  
 Indicate if any licenses have been revoked, suspended or placed on probation.  
 Also indicate if you are ineligible to become licensed or certified in your field. Please explain.

Clerical or other skills applicable to the position for which you are applying  
 Typing            (WPM)            PBX  
 Proficient in Software:  
 Business machines and/or equipment you can operate:  
  
 Other

**Work History**

**Application for Employment**

Current or Most Recent	From (MM/YYYY) Mo.      Yr.	To (MM/YYYY) Mo.      Yr.	Company	Phone No.	Immediate Supervisor
	Salary \$	Address		May we contact them? Yes      No	Name while employed
	Job Title			<input type="radio"/> PRN <input type="radio"/> Full-Time Part-Time Hrs/Week	Reason For Leaving
	Nature of Duties				

1st Previous	From (MM/YYYY)	To (MM/YYYY)	Company	Phone No.	Immediate Supervisor
	Salary \$ <input style="width: 50px;" type="text"/>	Address			Name while employed
	Job Title			<input type="radio"/> PRN <input type="radio"/> Full-Time Part-Time Hrs/Week	Reason For Leaving
	Nature of Duties				

2nd Previous	From (MM/YYYY)	To (MM/YYYY)	Company	Phone No.	Immediate Supervisor
	Salary \$ <input style="width: 50px;" type="text"/>	Address			Name while employed
	Job Title			<input type="radio"/> PRN <input type="radio"/> Full-Time Part-Time Hrs/Week	Reason For Leaving
	Nature of Duties				

3rd Previous	From (MM/YYYY)	To (MM/YYYY)	Company	Phone No.	Immediate Supervisor
	Salary \$ <input style="width: 50px;" type="text"/>	Address			Name while employed
	Job Title			<input type="radio"/> PRN <input type="radio"/> Full-Time Part-Time Hrs/Week	Reason For Leaving
	Nature of Duties				

<b>Professional References (Other than Relatives)</b> Give references who have good knowledge of your work.				
Name	Position	Address (Include City/State)	Phone - Work/Home	Number of Years known

**Please Review and Acknowledge That You Understand The Following.**

In making application for employment:

\* I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

\* I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

**I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.**

\* I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.

\* Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.

**\*I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.**

**Release:**

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment, employment or termination of employment with the employer exclusively by final and binding arbitration and before a neutral Arbitrator and in accordance with the rules and procedures for employment disputes adopted by the employer. Such claims shall include those that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Family and Medical Leave Act, state civil rights acts, the law of contract and the law of tort.

**I have read and understand these conditions of employment.**

Applicant's full name

Date Prepared

Save this form to your computer and email to [emcknight@atchhosp.org](mailto:emcknight@atchhosp.org), or print and send to the HR department via fax or mail.

Name:

## Application Addendum

1. Have you ever been convicted of a crime, had adjudication of a crime withheld, or pled nolo contendere to a crime?

If yes, please state the circumstances with regard to each.

2. Have you been arrested for any crime that had not been adjudicated?

If yes, please state the circumstances and current status of each arrest.

3. Have you ever committed a crime for which you were not arrested or convicted?

If yes, please state the circumstances.

4. Have you ever been a defendant in a civil action for intentional tort? Intentional tort commonly refers to examples, such as assault, battery, and false imprisonment:

If yes, please state the circumstances.

**\* Note: Answering "Yes" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighted / considered in relationship to the position for which you are applying.**

# Release Authorization

## NOTICE AND ACKNOWLEDGMENT

(IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT)

### NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Global HR Research, 27499 Riverview Center Blvd., Suite 218 Bonita Springs, FL 34134, Office: (239) 274-0048, Toll Free: 1-800-790-1205 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting Global HR Research directly.

### ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Global HR Research, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Para information en español visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D. C. 20580.

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental

history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688) or [www.optoutprescreen.com](http://www.optoutprescreen.com).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center -- FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency

Compliance Management, Mail Stop 6-6	Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator -- GIPSA Washington, DC 20250 202-720-7051

<input type="text"/> Last Name	<input type="text"/> First	<input type="text"/> Middle	XXX-XX- <input type="text"/> Last 4 Digits of Social Security Number
<input type="text"/> Maiden And/Or Other Name(s) Used			<input type="text"/> Last 4 Digits of Driver's License Number
<input type="text"/> Current Address (street)			<input type="text"/> Date of Birth
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip	<input type="text"/> County
Full Name: <input type="text"/>			
<p style="color: red;">I understand that by checking the following box and typing my name into the name field above, this document is as valid as if I have signed it. <input type="checkbox"/> <b>I agree.</b></p>			

List previous address(es), other than that above, for the past seven years:  
(Include street address, city, state and zip code)