

Employment Application



Human Resources
 1102 St. Mary's Rd
 Junction City, KS 66441
 Fax: 785-238-1700
 E-mail: careers@gchks.org
 www.gchks.org
 For additional information
 contact: 785-762-5140 ext 4245#

Geary Community Hospital is an EEOC workplace that is committed to providing equal opportunities to all qualified applicants and employees. This policy applies to recruiting, hiring, job assignment, supervising, training, upgrading, transfers, compensation, promotion, education, and all other terms and conditions of employment. Geary Community Hospital does not illegally discriminate on the basis of sex, race, color, religion, age, national origin, ancestry, marital status, disability, or Veteran-Era/disabled veteran's status.

Date: _____/_____/_____

Position Applying For: _____

How did you hear about this job? (please check one)

- Job Posting Recruitment Fair
 Internet Employee Referral (Name: _____)
 Newspaper Other _____

Do you have any relatives who are employed by Geary Community Hospital? Yes No

Applicant Information *Please Print*

Please Circle One	First Name	MI	Last Name	Suffix (Jr, Sr, III)
Mr. Mrs. Ms.				
Street Address		City	State	Zip Code
Home Phone () ()		Alternative Phone () ()		Date available to start:
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been employed by Geary Community Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, when?		
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever been convicted of a misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, explain: (This information is subject to verification by background check. A conviction record will not necessarily preclude employment)				
Shifts available: 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Weekends <input type="checkbox"/> Any <input type="checkbox"/>		Desired salary: \$		Email address:

Certificates/ Licenses/ Registrations (PBT, RRT, RCPH...)

Current Certifications: CPR, ECLS, etc...	
Nursing License (Number & State)	
Registrations	

Education History

High School		Street Address, City, & State	
From	To		Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
College or Vo-Tech		Street Address, City, & State	
From	To		Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Degree/Major:

References: *Please list three professional references.*

Full Name:	Phone Number: () ()
Company:	
Full Name:	Phone Number: () ()
Company:	
Full Name:	Phone Number: () ()
Company:	



VOLUNTARY APPLICANT DEMOGRAPHICS SURVEY

Progressive Healthcare. Hometown Compassion.

Dear Applicant:

Geary Community Hospital is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, marital status, handicap, age or Vietnam Era/disabled veteran's status.

We are asking for your voluntary participation in an application survey. Data gathered in this survey will be used for government reporting purposes only and will be kept confidential, separate from applicant records. Your employment opportunity will not be negatively impacted by your choice to participate or not.

Please fill out the survey below and submit it with your completed application.

If you have any questions regarding this survey, please ask a member of our Human Resources team.

Thank you for your cooperation.

Geary Community Hospital *Voluntary Applicant Demographics Survey*

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and EEO reporting only.

Name: _____

Date: _____

Address: _____

Phone Number: _____

Position Applied For: _____

Please check all applicable boxes:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Male |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Female |
| <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Vietnam Era Veteran |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Two or more races | <input type="checkbox"/> Disabled |



THE FREEDOM TO FOCUS ON YOUR FUTURE

NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ . _____ DATE OF BIRTH ____ / ____ / ____

DRIVER'S LICENSE # AND STATE ISSUED: _____

APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that is included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations who have provided information in connection with my INSIGHT report.

CONSUMER DISCLOSURE

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes.

APPLICANT'S SIGNATURE

____ / ____ / ____
DATE