

Grisell Memorial Hospital

210 SOUTH VERMONT AVENUE
 RANSOM, KANSAS 67572
 785-731-2231



Employment Application

Reset Form

APPLICANT INFORMATION

| | | | |
|---|---------------------------------|---------------------------------|---|
| Last Name | First | M.I. | Date |
| Street Address | Apartment/Unit # | | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for | | | |
| Employment Type | <input type="radio"/> Full Time | <input type="radio"/> Part Time | <input type="radio"/> Temporary |
| Are you a citizen of the United States? | <input type="radio"/> YES | <input type="radio"/> NO | If no, are you authorized to work in the U.S.? <input type="radio"/> YES <input type="radio"/> NO |
| Have you ever worked for this company? | <input type="radio"/> YES | <input type="radio"/> NO | If so, when? |
| Have you ever been convicted of a felony? | <input type="radio"/> YES | <input type="radio"/> NO | If yes, explain |
| Professional License Number: | Type: | State: | |

EDUCATION

| | |
|--|---------|
| High School | Address |
| Did you graduate? <input type="radio"/> YES <input type="radio"/> NO | |
| College | Address |
| Did you graduate? <input type="radio"/> YES <input type="radio"/> NO | Degree |
| Other | Address |
| Did you graduate? <input type="radio"/> YES <input type="radio"/> NO | Degree |

REFERENCES

Please list three professional references.

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |



Employment Application

REFERENCES (CONTINUED)

| | | | | |
|-----------|--|--|--------------|--|
| Full Name | | | Relationship | |
| Company | | | Phone | |
| Address | | | | |

PREVIOUS EMPLOYMENT

| | | | | |
|-----------|-----------------|----|---------------|----|
| Company | | | Phone | |
| Address | | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary | \$ |

Responsibilities

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

May we contact your previous supervisor for a reference? YES NO Eligible for Rehire? YES NO

| | | | | |
|-----------|-----------------|----|---------------|----|
| Company | | | Phone | |
| Address | | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary | \$ |

Responsibilities

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

May we contact your previous supervisor for a reference? YES NO Eligible for Rehire? YES NO

| | | | | |
|-----------|-----------------|----|---------------|----|
| Company | | | Phone | |
| Address | | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary | \$ |

Responsibilities

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

May we contact your previous supervisor for a reference? YES NO Eligible for Rehire? YES NO

DISCLAIMER AND SIGNATURE

GMH does not discriminate in hiring or any other decision on the basis of race, color, religion, creed, sex, marital status, national origin, age or on the basis of physical or mental disability.

I consent to take the physical examination, including a drug screen, 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 certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. 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.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

NOTE: If the "submit" button does not work, instead save this document and email it to dcaudill@grisell.org

Submit via Email