



Annie Jeffrey Memorial County Health Center

EMPLOYMENT APPLICATION

531 Beebe Street, PO Box 428, Osceola, NE 68651
Phone: 402-747-2031 or Fax: 402-747-1405

DATE OF APPLICATION

| | | |
|---|---------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | EMAIL ADDRESS | TELEPHONE NO. |
| ADDRESS (include city, state and zip code) | | |
| Do you have the right to work in the United States? Yes No | | |
| Are you 18 years old or older? Yes No | | |
| Have you ever worked for Annie Jeffrey MCHC before? Yes No | | |
| If yes, when? _____ What department(s)? _____ | | |
| Do you have any relatives or friends who work for Annie Jeffrey MCHC? Yes No | | |
| If yes, what are their names? _____ | | |
| Who referred you to our hospital? Newspaper Agency Relative/Friend Other: _____ | | |
| Are you a veteran? Yes No If yes, what branch? _____ When? _____ | | |
| Have you ever been convicted of any criminal offense other than a minor traffic violation? If no, place initials here: _____ | | |
| If yes, please explain, including offenses for which convicted, dates and location. (Convictions do not automatically bar employment. Nature, date, rehabilitation and relation with job sought will be considered). _____ _____ _____ | | (Check all that apply under each of the following sections): SCHEDULE: SHIFT: Full-Time Day Part-Time Evening Pool/On-Call Night Temporary Weekend Rotating |
| Exact position(s) you are applying for 1. _____ 2. _____ | | |
| Rate of pay you expect: \$ _____ Date available to start work: _____ | | |

CURRENT PROFESSIONAL REGISTRATION

Include driver's license ONLY IF applying for a position which requires driving. You must be able to provide a proof of license upon request.

| TYPE: | LICENSE NUMBER: | EXPIRATION DATE: | GRANTED BY: | STATE: | VERIFIED BY: (Office Use Only) |
|-------|-----------------|------------------|-------------|--------|--------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Has your license ever been suspended/revoked? Yes No If yes, date and reason: _____

EDUCATION BACKGROUND

| ELEMENTARY SCHOOL NAME / LOCATION | LEVEL COMPLETED 4 5 6 7 8 | DIPLOMA / DEGREE | MAJOR / COURSE OF STUDY |
|--|--------------------------------------|------------------|-------------------------|
| HIGH SCHOOL NAME / LOCATION | LEVEL COMPLETED 9 10 11 12 | DIPLOMA / DEGREE | MAJOR / COURSE OF STUDY |
| COLLEGE UNIVERSITY NAME / LOCATION | LEVEL COMPLETED 1 2 3 4 | DIPLOMA / DEGREE | MAJOR / COURSE OF STUDY |
| GRADUATE/PROFESSIONAL SCHOOL NAME / LOCATION | LEVEL COMPLETED 1 2 3 4 | DIPLOMA / DEGREE | MAJOR / COURSE OF STUDY |

EMPLOYMENT RECORD

List your present or most recent employer FIRST. Include military, volunteer, and unpaid work experiences. Account for all time, including periods of unemployment. If additional space is needed, please use blank paper. Resumes may be attached, but we also request that the following information be completed.

Are you employed at the present time? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No

| | |
|--------------------------------------|--------------------------------------|
| Employer: _____ | Address: _____ |
| City: _____ State: _____ | ZIP Code: _____ Phone: () _____ |
| Job Title: _____ | Employed From: _____ To: _____ |
| Salary: _____ | |
| Primary Duty/Responsibilities: _____ | |
| _____ | |
| Reason for Leaving: _____ | |
| Supervisor: _____ | |

| | |
|--------------------------------------|--------------------------------------|
| Employer: _____ | Address: _____ |
| City: _____ State: _____ | ZIP Code: _____ Phone: () _____ |
| Job Title: _____ | Employed From: _____ To: _____ |
| Salary: _____ | |
| Primary Duty/Responsibilities: _____ | |
| _____ | |
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| Primary Duty/Responsibilities: _____ | |
| _____ | |
| Reason for Leaving: _____ | |
| Supervisor: _____ | |

BUSINESS SKILLS

| | |
|------------------------------------|--|
| Keyboarding Skills? Yes No | Other skills? What business machines can you operate? Computer skills? Software proficiency? _____ _____ |
| Speed wpm | _____ _____ |

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

State any additional information you feel may be helpful to us in considering your application.

PATIENT CARE APPLICANTS - Please check if you have successfully completed any of the following:

ACLS (Exp. date): _____

PALS (Exp. Date): _____

CPR/BLS Cert. (Exp. date): _____

Other: _____

NALS (Exp. date): _____

Other: _____

REFERENCES (Please do not list relatives)

| | | |
|---|---------|---------|
| 1 | _____ | _____ |
| | Name | Phone # |
| 2 | _____ | _____ |
| | Address | |
| 3 | _____ | _____ |
| | Name | Phone # |
| 3 | _____ | _____ |
| | Address | |

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM.
ANNIE JEFFREY MEMORIAL COUNTY HEALTH CENTER RESERVES THE RIGHT TO REJECT
ANY APPLICATION WHICH HAS NOT BEEN FULLY COMPLETED.
A NEW APPLICATION WILL BE REQUIRED AFTER 6 MONTHS. PLEASE PRINT OR TYPE IN BLACK INK.**

1. I certify that the information contained in this application is complete and true to the best of my knowledge and that I have not knowingly withheld any facts or information which would affect my employment. I hereby authorize AJMCHC or an agent of AJMCHC to verify the information contained herein and to investigate my employment, education, personal history, criminal history, credit history, and motor vehicle operation history as applicable. I understand that any falsification or omission of material and/or information requested may result in denial of employment or termination if I am already employed. Upon my termination I authorize the release of reference information on my work.
2. I understand that prior to my employment, I must pass a physical capacity screen, drug/alcohol test, and background check. Failure to pass these assessments will be grounds for denial of employment.
3. AJMCHC subscribes to a clean air policy. Smoking is not allowed anywhere on campus.
4. In accordance with the Drug-Free Workplace Act of 1988, it is the policy of AJMCHC to provide a safe environment for patients, employees and visitors. The illegal manufacture, possession, distribution or use of controlled substances by employees in the workplace is prohibited.
5. No person shall be denied employment or equal treatment in the administration of salary, benefits, opportunity for advancement or any other terms or conditions of employment because of race, religion, sex, age, national origin, disability, or veteran status.
6. If employed, I will comply with all rules and regulations for employees of AJMCHC facilities. I understand and agree that neither this form, nor any other written policy or procedure of the AJMCHC and its facilities, shall constitute a contract of employment between AJMCHC and myself for either a definite or indefinite period of time. I further understand that if employed, I may resign at any time and that AJMCHC may terminate or modify the terms and conditions of my employment at any time.
7. I authorize any reference source to provide AJMCHC with any and all information concerning my previous records, any pertinent information they may have, personal, or otherwise, and release parties from all liability for any damage that may result from furnishing to you.
8. I understand that AJMCHC operates 24 hours a day, seven days a week, and that weekend work or temporary changes of shift may be required during my employment.

I HAVE READ AND AGREE TO THE ABOVE AND HEREBY CERTIFY THAT THE FACTS THAT I HAVE PROVIDED IN MY EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE.

SIGNATURE: _____

DATE: _____

Once complete, please save and email to Dena Anderson at dena.anderson@ajmchc.org or print it out and mail to Human Resources, Annie Jeffrey Health Center, P.O. Box 428 , Osceola, NE 68651