

Grisell Memorial Hospital

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



Employment Application

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="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary					
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 U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	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"/>	If yes, explain							
Professional License Number:				Type:				State:		

EDUCATION

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

REFERENCES

Please list three professional references.

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						

Address			
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
-----------	------