

# 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	<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?	
		<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			

**Grisell Memorial Hospital****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
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May we contact your previous supervisor for a reference?  YES  NO      Eligible for Rehire?  YES  NO

Company	Phone
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Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities		
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From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?  YES  NO      Eligible for Rehire?  YES  NO

Company	Phone
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Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities		
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From	To	Reason for Leaving
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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 to [rbittel@grisell.org](mailto:rbittel@grisell.org)

Submit via Email