

West Holt Medical Services Application For Employment

406 W. Neely St. Atkinson, NE 68713

Date: _____

Personal Information

Last Name First Name Middle Name

Street Address

City State Zip

Home Phone Other Phone Social Security E-Mail Address

Are you 16 years of age or over? ☐ Yes ☐ No

Can you show proof of your eligibility to work in the United States? ☐ Yes ☐ No

Have you ever worked for this company before? ☐ Yes ☐ No If yes, when? _____

Are you able to perform the essential function of the job you are applying for with or without reasonable accommodation? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain: _____

Position you are applying for: _____

Education / Training

Type of School	Name of School, City, State, Zip	Course Study or Major Field	Graduated	Degree
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nursing / Vocational			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Licenses, Registrations and / or Certifications

(RN, LPN, Pharmacist, Physical Therapist, Radiologic Technologist, Medical Technologist, CDL, DOT, Engineer, etc.)

Type: _____ License Number: _____

State Issued: _____ Expiration Date: _____

Other States(s): _____ License Number: _____

If not currently licensed, have you applied? ☐ Yes ☐ No Date: _____

Has your professional license (in any state) ever been suspended, revoked or limited in any way?

☐ Yes ☐ No If yes, explain: _____

Has your license ever been on probationary status? ☐ Yes ☐ No If yes, explain: _____

Professional References: List at least two professional references.

Example: instructors, classmates, previous or current co-workers who have knowledge of your skills and character.

Name: _____ Telephone: _____ Years known: ____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Name: _____ Telephone: _____ Years known: ____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Experience: Please give a complete record of all employment, start with your most recent.

Company Name: _____ Telephone: _____
Address: _____ City: _____ State: ____ Name of Supervisor/Title: _____
Employed From: _____ to _____ Hours per week: ____ Hourly or Salaried Rate of Pay: \$ _____
Job title and description of work: _____
Reason for seeking other employment: _____

Company Name: _____ Telephone: _____
Address: _____ City: _____ State: ____ Name of Supervisor/Title: _____
Employed From: _____ to _____ Hours per week: ____ Hourly or Salaried Rate of Pay: \$ _____
Job title and description of work: _____
Reason for seeking other employment: _____

Company Name: _____ Telephone: _____
Address: _____ City: _____ State: ____ Name of Supervisor/Title: _____
Employed From: _____ to _____ Hours per week: ____ Hourly or Salaried Rate of Pay: \$ _____
Job title and description of work: _____
Reason for seeking other employment: _____

Note: If you have additional experience, please attach an extra sheet of paper.

May we contact your current employer to check references? ☐ Yes ☐ No

Please give dates and reasons for any gaps in employment: _____

Military Service:

Branch: _____ From: _____ to _____
Rank/Pay Grade at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer:

I understand that any false or incomplete statements on this application or any other form that I complete shall be sufficient cause for rejection for employment or immediate discharge when discovered.

I hereby authorized my former employers to release any and all information regarding my previous employment to assist this company in determining my suitability for employment.

I understand if I am offered a position, it may be contingent on successfully passing a post offer drug test and criminal background check. Some positions require various registry checks as well.

Signature of Applicant: _____ **Date:** _____

We are an equal opportunity employer and do not discriminate because of race, creed, ancestry, color, religion, sex, national origin, age, marital status, veteran status or disability. Your application will remain under active consideration for 60 days.

Completed After Hire:

Position: _____ Supervisor: _____

Starting Date: _____ Full time ☐ Part Time ☐ Temporary ☐

Starting Time: _____ Starting Salary: _____

Shift Hours per Week: _____ From: _____ To: _____ Date: _____