

**EMPLOYMENT APPLICATION**  
**Memorial Health System**  
**511 NE 10<sup>th</sup> Street**  
**Abilene, Kansas 67410**

**Date:** \_\_\_\_\_

*Please Print Clearly*

Name: \_\_\_\_\_  
                    Last                      First                      Middle                      Maiden

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present and past employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

Were you previously employed by Memorial Health System? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Position applying for: \_\_\_\_\_ Desired rate of Pay: \_\_\_\_\_

Date available for work: \_\_\_\_\_

*Memorial Health System is an Equal Opportunity Employer. As an equal opportunity employer, this hospital will not discriminate unlawfully against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry or physical or mental disability.*

Are you available for: (check appropriate lines)

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ PRN \_\_\_\_\_ Weekends \_\_\_\_\_ Day Shift

\_\_\_\_\_ Evening Shift \_\_\_\_\_ Night Shift \_\_\_\_\_ Other, Explain: \_\_\_\_\_

**Employment History**

List Present employer or most recent employer first (use other side of this application, if necessary).

Employer		Employed	Supervisor's Name:
Address		From _____ Mo. / Yr.	_____
Telephone		To _____ Mo. /Yr.	Your Job Title:
Your Salary		Duties	
Start	End		

Reason For Leaving:

Employer		Employed	Supervisor's Name:
Address		From _____ Mo. / Yr.	_____
Telephone		To _____ Mo. /Yr.	Your Job Title:
Your Salary		Duties	
Start	End		

Reason For Leaving:

Employer		Employed	Supervisor's Name:
Address		From _____ Mo. / Yr.	_____
Telephone		To _____ Mo. /Yr.	Your Job Title:
Your Salary		Duties	
Start	End		

Reason For Leaving:

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**Educational Data**

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School	Print Name, Number and Street, City, State and Zip Code for each School Listing	No. of Years Completed	Degree, Major, or Type of Course
High School			
College			
Graduate School			
Trade, Bus., Night or Corres.			
Other			

Are there any other experiences, skills or qualifications, which you feel would qualify you to work for this hospital?

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Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what would prevent you from performing those duties?

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**Personal References (Not Employers or Relatives – At Least Three)**

Name and Address	Occupation	Phone Number

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration or dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either Memorial Health Systems or myself. I understand that no management official other than the Chief Executive Officer of Memorial Health System has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

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Applicant Signature

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Date