



2305 S. 65 Highway
 Marshall, MO 65340
 Phone 660-831-3257
 Fax 660-831-3318

AN EQUAL OPPORTUNITY EMPLOYER

Hospital shall not discriminate against any person on the basis of race, religion, disability, genetic information, color, sex, sexual orientation, age, national origin, or citizenship status, or veteran status, and shall comply with section 504 of the Rehabilitation Act of 1973 and Title VI of the Civil Rights Act of 1964, Age Discrimination Act of 1975 and the American Disabilities Act.

YOUR APPLICATION IS VALID FOR A PERIOD OF SIX MONTHS.
 If you wish to be considered for employment after six months, you must complete another application.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PERSONAL DATA

Last Name	First Name	Middle Initial	TODAY'S DATE:
Street Address			Social Security Number
City/State/Zip			Home Phone ()
Email Address			Cell Phone ()
Are you at least 18 years of age? <input type="checkbox"/> Yes or <input type="checkbox"/> No If not, are you at least 16? <input type="checkbox"/> Yes or <input type="checkbox"/> No			Are you a U.S. Citizen? <input type="checkbox"/> Yes or <input type="checkbox"/> No
If you are not a U.S. Citizen are you legally eligible for employment in the United States? <input type="checkbox"/> Yes or <input type="checkbox"/> No			Date you can begin employment:
Have you ever been employed by or volunteered at Fitzgibbon Hospital or The Living Center? <input type="checkbox"/> Yes or <input type="checkbox"/> No Position held: _____ Date of employment: _____			
Have you ever worked under a last name other than the one you are currently using? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please list name(s): _____			
Have you ever worked under a social security number other than the one you are currently using? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, please list name(s): _____			
Are you related to anyone employed by Fitzgibbon Hospital or The Living Center? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes: Name: _____ Relationship: _____			
Are you presently employed? <input type="checkbox"/> Yes or <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, a felony or misdemeanor criminal charge or local non-ordinance, including one in which you received a suspended imposition of sentence, suspended execution of sentence, or any period of probations or parole? <input type="checkbox"/> Yes or <input type="checkbox"/> No If the answer is yes, specify the offense and the date, and court which as a record thereof: _____			
Have you applied here before? <input type="checkbox"/> Yes or <input type="checkbox"/> No		How were you referred to Fitzgibbon Hospital or The Living Center?	

TYPE OF EMPLOYMENT DESIRED

1 st Choice	2 nd Choice	3 rd Choice
Are you applying for: Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Weekend <input type="checkbox"/>		
Shifts Available: Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> On-call <input type="checkbox"/> Any shift <input type="checkbox"/>		
Are you able to work weekends? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Are you able to work holidays? <input type="checkbox"/> Yes or <input type="checkbox"/> No

EDUCATIONAL BACKGROUND

School	Name/Address	Course of Study	Number of Years Attended	Did you graduate? Type of Degree
High School				<input type="checkbox"/> Yes or <input type="checkbox"/> No GED <input type="checkbox"/> Yes or <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes or <input type="checkbox"/> No Degree: Date Rec'd
College/University				<input type="checkbox"/> Yes or <input type="checkbox"/> No Degree: Date Rec'd
Graduate School				<input type="checkbox"/> Yes or <input type="checkbox"/> No Degree: Date Rec'd
Vocational/Business/ Technical/Nursing/Other				<input type="checkbox"/> Yes or <input type="checkbox"/> No Degree/Certification: Date Rec'd

List additional training/education received professionally, current certification, including in-service education and dates of that education that relate to the job for which you are applying _____

Are you presently enrolled in school? Yes or No If yes, please explain _____

PROFESSIONAL REGISTRATION, LICENSURE, or CERTIFICATION

TYPE	STATE	LICENSE NUMBER
TYPE	STATE	LICENSE NUMBER
TYPE	STATE	LICENSE NUMBER

HAS ANY REGISTRATION, CERTIFICATION OR LICENSE EVER BEEN REVOKED OR HAVE YOU EVER BEEN PLACED ON PROBATION BY ANY BOARD OF LICENSURE OR REGISTRATION? Yes or No If yes, explain giving dates and reasons:

MILITARY EXPERIENCE

Complete this section if you served in the U.S. Armed Forces

Branch of Service	Military Occupational Skills
Describe your duties and any special training	Period of Active Duty (Month/Year)
Discharge Date	Rank at Discharge

Are you a current member of the National Guard Reserve? Yes or No

WORK HISTORY

PLEASE GIVE ACCURATE, COMPLETE FULL TIME AND PART-TIME EMPLOYMENT RECORD.
START WITH PRESENT OR MOST RECENT EMPLOYER

Employer Name	Dates Employed To _____ From: _____	Describe your position duties:
Address: Street/City/State	Final Salary \$ _____ hourly	
Telephone Number ()	Your Job Title	Reason for Leaving
Employer Name	Dates Employed To _____ From: _____	Describe your position duties:
Address: Street/City/State	Final Salary \$ _____ hourly	
Telephone Number ()	Your Job Title	Reason for Leaving
Employer Name	Dates Employed To _____ From: _____	Describe your position duties:
Address: Street/City/State	Final Salary \$ _____ hourly	
Telephone Number ()	Your Job Title	Reason for Leaving
Employer Name	Dates Employed To _____ From: _____	Describe your position duties:
Address: Street/City/State	Final Salary \$ _____ hourly	
Telephone Number ()	Your Job Title	Reason for Leaving

PROFESSIONAL OR PERSONAL REFERENCES

List three people familiar with your working/technical ability, character, or background whom we may contact. Do not include relatives.

Name		Address
Occupation	Phone	
Name		Address
Occupation	Phone	
Name		Address
Occupation	Phone	

APPLICANT'S AGREEMENT

I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility and I understand that my employment may be conditioned upon satisfactory passing a physical examination. I understand that I may be required to satisfactorily complete an alcohol/drug screening as condition of employment.

I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.

If this application for employment is accepted, I understand and agree that the terms, conditions, compensation, benefits, hours, schedule and duration of my employment (whether set forth in the employee handbook or not) may be determined, changed, and modified from time to time at the will of my employer without limitation or condition.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding any employment decision and I release all such persons from any liability regarding the provision or use of such information.

APPLICANT'S SIGNATURE _____ DATE: _____

DISCLOSURE REGARDING PROCUREMENT OF CONSUMER REPORT

TO ALL APPLICANTS FOR EMPLOYMENT: Please read the following and sign the authorization. Applications received without this signed section will not be considered for employment.

In addition to regular job reference checks, it is the policy of Fitzgibbon Hospital/The Living Center to request a criminal record check of all applicants for employment at the time an offer of employment has been accepted provided by the Missouri Highway Patrol with respect to information in Missouri and, if necessary, from a consumer reporting agency with respect to information outside Missouri.

I acknowledge receipt of this disclosure and if I am offered employment, authorize that a criminal background check pursuant to Missouri Law be conducted.

APPLICANT'S SIGNATURE _____ DATE: _____

OFFICE USE ONLY

Position:	Position Number:
Department:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
<input type="checkbox"/> Full Time 72 80 <input type="checkbox"/> Part Time _____ <input type="checkbox"/> PRN <input type="checkbox"/> Other _____	Pay Grade
Pre-Employment Screening	Starting Salary



Applicant Survey Form

Applicants are considered for all positions without regard to of race, religion, disability, genetics, color, sex, sexual orientation, age, national origin, citizenship status, or veteran status. The following information is needed to meet reporting requirements of Federal law. The answers to these questions are optional and will not be placed in your personnel file nor will they be given to any person involved in making a hiring or promotional decision.

Name: _____ Date: _____

Position Applied for: _____

Referral Source: _____

Please check all that apply:

- Female
- Male
- 40 Years of Age and over
- Handicapped/Disabled
- Disabled Veteran (Service Connected)
- Vietnam Era Veteran *(A Vietnam Era Veteran is anyone who served on active duty for a period of more than 180 days. Any part of which occurred between 8/5/64 and 5/7/75 and who separated with other than dishonorable discharge)*
- Other Eligible Veteran

Race or Ethnic Group (Check only ONE box):

- AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN-AMERICAN: Not of Hispanic origin – a person having origins in any of the black racial groups of Africa.
- HISPANIC OR LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDERS: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- TWO OR MORE RACES (Not Hispanic or Latino): A person who identifies with more than one of the above races.