

APPLICATION FOR EMPLOYMENT

NEMAHA COUNTY HOSPITAL

2022 13TH STREET
AUBURN, NE 68305
(402) 274-4366
FAX: (402) 274-4399

DATE: _____

NCH provides equal employment opportunity to all applicants and its employees in all aspects of human resources administration without regard to political affiliation, race, color, religion, national origin, sex, marital status, or mental or physical disability. Applicants who need an accommodation in the selection process are asked to request such assistance.

GENERAL INFORMATION

Name: Last First Middle Name Social Security Number

Have you worked under other names? If yes, -- Name(s)

Street Address

City State Zip Code

Home Telephone Number: () Work/Message Telephone Number () Ext. Email Address:

Please note the times to call the telephone numbers above: HOME: WORK/MESSAGE:

Do you have relatives employed at NCH? Yes No

POSITION INFORMATION

Position Desired: Desired Salary: Date Available:

Desired Hours: Full-time Part-time Days Evenings Nights# of hours desired:

Were you formerly employed at Nemaha County Hospital? If so, list date(s)

Have you applied for a position at NCH within the last 6 months? Yes No

Are you 16 years of age or older? Yes No

How did you learn of this opening?

JOB SKILLS

Are you proficient with the following skills:

Personal Computers Yes No
Microsoft Windows Yes No
Word Processing Software Yes No
If yes, name _____
Spreadsheet Software Yes No
If yes, name _____

Medical Terminology Yes No
10 Key Calculator Yes No
Transcription Yes No
Presentation/Graphic Software Yes No
If yes, name _____

Do Not Write in
this Box

Sal _____
DHHS _____
Ref _____
Lic. Ver _____

EDUCATION

School	Name and Location	Course of Study	Diploma/Degree Completed
High			
Technical			
College			
Graduate Other			

Professional Licenses and Certifications: (Include driver's license only if required by position)			
Type	State	ID Number	Expiration Date

Has your license(s) ever been suspended or revoked? If yes, please explain _____

Additional Job-Related Information (include memberships or honors that you feel would especially benefit a healthcare organization, etc.) _____

Note: Pharmacy Supportive Personnel Applicants Only:

In compliance with the Nebraska Department of Health, my initials below and subsequent signature on this application affirm the following information:
 (1) I am at least 18 years of age or older, (2) I have graduated from high school or have obtained an equivalent education, and (3) I have never been convicted of a drug-related misdemeanor or felony. Initials: _____

Have you ever been discharged or terminated from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, list employer, dates, reasons and explanation.			
Date of Employment	Employer	Reason	Explanation

Have you ever been convicted of a crime, served a sentence for a crime within the past ten years, or have charges currently pending? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please complete the selection below.		
A conviction does not automatically disqualify you from gaining employment, since the nature of the offense committed, the date and the type of position applied for will be taken into consideration.		
Date of Conviction	Charge	Court Location

Have you ever been convicted of a criminal offense related to health care? Yes No. If yes, please provide dates, location and description of offense. _____

Are you currently excluded, debarred or ineligible for participation in a federal health care program such as Medicare, Medicaid or the Civilian Health and Medical Program of the Uniformed Services? Yes No

If you are a student, please indicate the instructors you wish us to obtain a reference from if applicable to the position you are applying for.

(Instructor)	(School)	(Telephone)	(Instructor)	(School)	(Telephone)
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I hereby certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.

I understand that this employment application or any other key document or agreement, either written or oral, are not contracts of employment. I agree to conform to the rules and regulations of Nemaha County Hospital, if accepted for employment, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any point in time, at the option of either Nemaha County Hospital or myself. I furthermore understand that any offer of employment will be contingent upon my being able to prove eligibility for employment as required by the Immigration Reform and Control Act and upon satisfactory completion of post-offer health and drug screening.

I am aware that a consumer report, including an investigative consumer report containing information as to my character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during my employment, and that such a check may be conducted by an outside source. I will sign a separate disclosure as required by law if these reports are necessary for the position that I am making application. I furthermore acknowledge and assent that such outside agencies may keep and use the information they supply to Nemaha County Hospital during this investigation for their own purposes. I release third parties, Nemaha County Hospital and its employees from any claims arising out of these authorizations. I understand that such information as the name of the investigating company or the nature and scope of such inquiry, if one is necessary, is available to me upon my written request, in conformance with the Fair Credit Reporting Act of 1970, as amended by the Consumer Credit Reporting Act of 1996.

I authorize and release current and previous employers, individuals, personal references, schools and organizations to provide Nemaha County Hospital with any relevant information that may be required to arrive at an employment decision, and release such individuals providing references from any liability.

_____ Signature	_____ Date
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APPLICATIONS WHICH ARE NOT SIGNED WILL NOT BE CONSIDERED

EMPLOYMENT HISTORY

**WE ARE AN EQUAL
OPPORTUNITY/
AFFIRMATIVE ACTION
EMPLOYER**

You may attach a resume to this form to describe any job duties and the scope of responsibilities surrounding each position in your history.

A RESUME DOES NOT REPLACE THE INFORMATION REQUIRED TO BE COMPLETED IN THIS SECTION OF THE APPLICATION.

Please attach additional sheets if previously held positions are related to the position for which you are currently applying.
Include military service and volunteer work where applicable.

Begin with your present or most recent employer.

Company	Telephone	Fax
Address	City	State-Zip
Name of Supervisor	Employed (month and year) From	To
Job Title	Salary Start	Last
Job Duties	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
		Hrs/Wk
	Reason for leaving	
Company	Telephone	Fax
Address	City	State-Zip
Name of Supervisor	Employed (month and year) From	To
Job Title	Salary Start	Last
Job Duties	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
		Hrs/Wk
	Reason for leaving	
Company	Telephone	Fax
Address	City	State-Zip
Name of Supervisor	Employed (month and year) From	To
Job Title	Salary Start	Last
Job Duties	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
		Hrs/Wk
	Reason for leaving	
Company	Telephone	Fax
Address	City	State-Zip
Name of Supervisor	Employed (month and year) From	To
Job Title	Salary Start	Last
Job Duties	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
		Hrs/Wk
	Reason for leaving	

May we contact your current/most recent employer?

Yes No

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for employment. Certain information requested on the application is private, that is, it may be released only to you or to the area that you are considered for employment. THIS PORTION OF THE APPLICATION IS FOR YOUR INFORMATION.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It
Social Security Number	Computer tracking; to distinguish you from all other applications and to make processing more efficient.	No	Retrieval for consideration of positions you have shown an interest in may be difficult. It also helps to ensure that we do not confuse your record with others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may cause rejection of your application.
Address	To be able to send employment information and other notices.	Yes	Failure to provide information will cause non-receipt of notices and employment information.
Home Telephone (or message)	To be able to contact you to determine information and other notices.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice. Will cause substantial delay in evaluating your application and may have a negative impact on you securing a position on short notice.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law.
16 years of age or older	To determine whether we may legally accept an application from you. The Age Discrimination in Employment Act of 1976 as amended prohibits discrimination of age with respect to individuals who are at least 40 years of age. Federal law prohibits employing persons 14 to 17 years of age in certain high-risk positions, and limits the hours they may work.	Yes	We will not be able to make determinations required by law.

MISSION STATEMENT

Nemaha County Hospital strives to be the premiere provider of Healthcare services, health education, and wellness promotion for all in our area.

CORE VALLUES

Integrity, Compassion, Accountability, Respect, Excellence

DO NOT WRITE IN THIS BOX

Final Interview By _____ Dept. _____ Date _____
 Not Employed – Reason _____
 Employed – Starting Date _____ Starting Rate _____ Overtime Status: 40, 8/80, Exempt
 Job Title _____ Full-time Part-time Casual