



Western Missouri MEDICAL CENTER

403 Burkarth Rd, Warrensburg, MO 64093
(660) 262-7434

Application for Employment

INSTRUCTIONS: Please furnish all information requested on this form. A *résumé* will not be accepted as a substitute for the employment application. If you wish to supply additional information, please attach on a separate sheet or *résumé*. Please type or print clearly all information. We appreciate your interest in employment and are sincerely interested in your qualifications. A clear understanding of your interpersonal and work related skills, education and work experience will assist us in considering you for a position opening for which you are best qualified.

NOTE: All applications are reviewed and only the most qualified candidates are contacted for further consideration and interview. **Only completed, SIGNED, employment applications will be considered.**

Applicant Information (Please Print)

Date: _____

Name: _____

Telephone: Home _____
Cell _____

Address: _____
Street City State Zip Code

Social Security Number: _____

Are you eligible for lawful employment in the United States? Yes No

As required by federal law, employment is contingent upon your ability to provide proof of US citizenship of legal eligibility to work in the United States. Documentation (e.g., driver's license, Social Security card, Passport, US birth certificate, alien card, etc.) will be required upon hire.

Are you 18 years of age or older? Yes No

Do you use tobacco products? Yes No

EMPLOYMENT SPECIFICATIONS

Job(s) Applied for: 1) _____

2) _____

Shifts Available: 7a-7p 7p-7a Other _____
 Full-time Part-time PRN Temporary

Date available: _____

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How did you first learn about this opening? (Check one)

- Website Newspaper (Specify) _____ Walk-in
- Hospital Employee (Name & Dept.) _____
- Other (Specify) _____

Have you ever been employed at WMMC in the past? Yes or No

If yes, when, where, and position? _____

Have you EVER been convicted of or pled guilty to ANY crime, or received a deferred judgment, excluding minor traffic offenses and parking tickets? Yes No

If yes, give dates and explain: _____

EDUCATION

<i>Name & Location</i>	<i>Major, Skill or Trade</i>	<i>Dates</i>		<i>Date Graduated</i>	<i>Degree or Diploma</i>
		<i>From</i>	<i>To</i>		
High School:					
College:					
Vocational or Tech School:					

List any seminars or special training classes you have had which relate to the position you seek.

<i>Seminar/Training/Workshop & Location</i>	<i>Dates From - To</i>	<i>Skills Acquired</i>

Are you attending school now? Yes No

If yes, name of school: _____

Degree sought: _____ Major: _____

Expected graduation date: _____

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Please check, where applicable, any of the following skills you have:

- | | | |
|---|--|--|
| <input type="checkbox"/> Transcription/Dictaphone | <input type="checkbox"/> PBX/Switchboard | <input type="checkbox"/> Cashier |
| <input type="checkbox"/> Word Processing ___ WPM | <input type="checkbox"/> Ten-key add _____ SPM | <input type="checkbox"/> ICD 9 Coding |
| <input type="checkbox"/> CPT Coding | <input type="checkbox"/> Insurance Billing | <input type="checkbox"/> Medicare/Medicaid |
| <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> MS Word | <input type="checkbox"/> MS Outlook |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> MS Power Point | |

PROFESSIONAL LICENSES AND REGISTRATIONS

<i>Type of Registration/License/Certification</i>	<i>State</i>	<i>Registration/License/Certification Number</i>	<i>Expiration Date</i>

If you do not have a required license, have you applied for one? Yes or No
 If an examination is required, what date are you scheduled to take the exam? _____

**Have you ever had a claim against your license/registration or has it ever been
 revoked, suspended or restricted?** Yes or No
 If yes, explain fully. _____

EMPLOYMENT HISTORY

Please start with your present or most recent job(s). All relevant employment history will be used to determine qualifications and salary.

<i>Present or most recent employer:</i>	<i>Reason for leaving:</i>	<i>Telephone:</i>
<i>Address/City/State</i>	<i>May we contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Supervisor's Name</i>
<i>Your Job Title</i>		<i>Employed:</i> <i>From: To:</i>
<i>Duties/Responsibilities</i>		<i>Ending Rate of Pay</i>
		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time
		<i>Employed under what name?</i>

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<i>Present or most recent employer:</i>	<i>Reason for leaving:</i>	<i>Telephone:</i>
<i>Address/City/State</i>	<i>May we contact?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Supervisor's Name</i>
<i>Your Job Title</i>		<i>Employed:</i> <i>From:</i> <i>To:</i>
<i>Duties/Responsibilities</i>		<i>Ending Rate of Pay</i>
		<input type="checkbox"/> <i>Fulltime</i> <input type="checkbox"/> <i>Part-time</i>
		<i>Employed under what name?</i>

<i>Present or most recent employer:</i>	<i>Reason for leaving:</i>	<i>Telephone:</i>
<i>Address/City/State</i>	<i>May we contact?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Supervisor's Name</i>
<i>Your Job Title</i>		<i>Employed:</i> <i>From:</i> <i>To:</i>
<i>Duties/Responsibilities</i>		<i>Ending Rate of Pay</i>
		<input type="checkbox"/> <i>Fulltime</i> <input type="checkbox"/> <i>Part-time</i>
		<i>Employed under what name?</i>

REFERENCE RELEASE & BACKGROUND INFORMATION AUTHORIZATION

I certify that the information I have furnished is correct and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application will be considered sufficient cause for my immediate dismissal. I authorize Western Missouri Medical Center to make inquiries of educational institutions attended and previous employers regarding my past school/employment record, including employment dates, salary, employment evaluations, and any other information necessary to access my qualifications. In addition to this, I understand that it is required by Missouri law to conduct a criminal background check. This will be accomplished by requesting information from the Missouri State Highway Patrol with respect to information in Missouri and if necessary, from a consumer reporting agency with respect to information outside of Missouri.

_____ *Applicant Signature*

_____ *Date*

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