

# EMPLOYMENT APPLICATION

## JOB INFORMATION

Date \_\_\_\_\_

Positions for which applying:

1. \_\_\_\_\_
2. \_\_\_\_\_

Shifts available  7-3  3-11  11-7  7A-7P  7P-7A  Other \_\_\_\_\_

Days available  M  T  W  TH  F  SA  SU

Full-time  Part-time  Summer  Permanent  Temporary

Date available \_\_\_\_\_

## PERSONAL

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you between the ages of 18 and 70?  Yes  No If no, please give birth date: \_\_\_\_\_

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

If yes, please give dates: \_\_\_\_\_

Name, if different \_\_\_\_\_

## SKILLS

(Please list all areas of experience.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

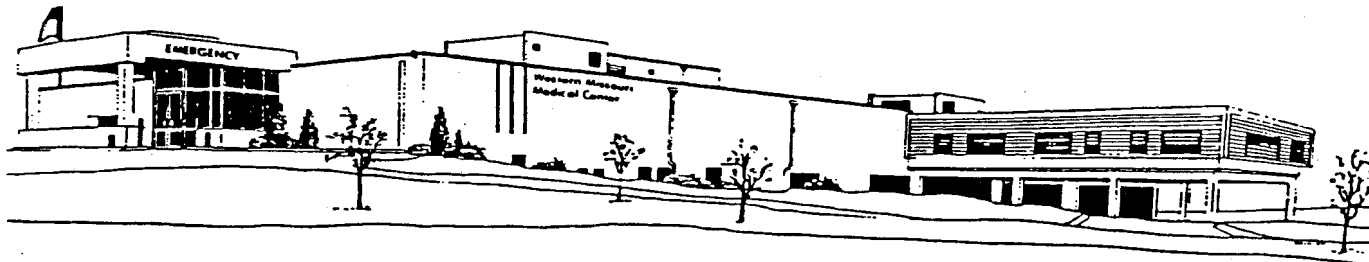
Other

Typewriter (\_\_\_\_ WPM)  Shorthand (\_\_\_\_ WPM)

Dictaphone  Medical Terminology  Accounting

Ten Key  Word Processing

Other (please specify): \_\_\_\_\_



**WESTERN MISSOURI MEDICAL CENTER**

Burkarth Road • Warrensburg, MO 64093

Phone (660) 747-2500 (ext. 6602 or 6601)

## EDUCATION

SCHOOL	NAME/LOCATION	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA (Please Specify)
College				
High				
Other				

## CREDENTIALS / LICENSE / CERTIFICATION

Registered or licensed profession \_\_\_\_\_

Registration (state, number, and date) \_\_\_\_\_

Certification (state, number, and date) \_\_\_\_\_

License (state, number, and date) \_\_\_\_\_

Other Credentials (state, number, and date) \_\_\_\_\_

## MILITARY

Have you ever served in the US Armed Forces?  Yes  No

Active service \_\_\_\_\_ Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_

Military branch \_\_\_\_\_ Rank at discharge \_\_\_\_\_

## MISCELLANEOUS

How did you hear about Western Missouri Medical Center?  newspaper  live in area  own initiative  
 job service  radio  other (please specify) \_\_\_\_\_

Do you have any relatives employed at Western Missouri Medical Center?  Yes  No

If yes, please give name \_\_\_\_\_ relationship \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please give date and offense \_\_\_\_\_

Describe any further training, internships, or activities that qualify you for this position: \_\_\_\_\_

## EMPLOYMENT HISTORY

(List ALL past employers. Attach additional sheet, if necessary)

Present or last employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Area Code

Employed from \_\_\_\_\_ to \_\_\_\_\_

Starting rate of pay \_\_\_\_\_ Last rate of pay \_\_\_\_\_

Your name while with this employer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe in detail the duties you performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact?  
 Yes  
 No

May we contact?  Yes  No

Previous employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Area Code

Employed from \_\_\_\_\_ to \_\_\_\_\_

Starting rate of pay \_\_\_\_\_ Last rate of pay \_\_\_\_\_

Your name while with this employer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe in detail the duties you performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact?  Yes  No

Previous employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Area Code

Employed from \_\_\_\_\_ to \_\_\_\_\_

Starting rate of pay \_\_\_\_\_ Last rate of pay \_\_\_\_\_

Your name while with this employer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe in detail the duties you performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact?  Yes  No

Previous employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Area Code

Employed from \_\_\_\_\_ to \_\_\_\_\_

Starting rate of pay \_\_\_\_\_ Last rate of pay \_\_\_\_\_

Your name while with this employer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe in detail the duties you performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information I have furnished is correct and complete to the best of my knowledge and belief with the understanding that it may be subject to verification with former employers and other persons. I understand and agree that misrepresentation, falsification, or omission may be considered sufficient cause for rejection or dismissal if employed. In the event that I am employed I understand that regardless of the shift and job that I am first assigned I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of Western Missouri Medical Center. I understand that if employed I will be subject to a probationary period of 180 days which can, at the employer's discretion, be extended. During the probationary period, employment may be terminated without notice at any time and for any reason. I understand that I must meet the health standards established by Western Missouri Medical Center as a condition of initial and continued employment which will be determined by the required physical examination and laboratory analysis. I also agree to abide by the established policies, rules, and regulations of Western Missouri Medical Center and that all conditions and terms of employment (including, but not limited to shifts and scheduled hours) are subject to change without notice. I authorize my past employers to supply any information they have concerning me or my work performance during my association with them and release them from all liability in connection therewith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

# INTERVIEW RECORD

Department \_\_\_\_\_

Position \_\_\_\_\_

Comments \_\_\_\_\_

Recommended for employment?  Yes  No  Consider for future openings

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Comments \_\_\_\_\_

Recommended for employment?  Yes  No  Consider for future openings

Signature \_\_\_\_\_

Date \_\_\_\_\_

## ACCEPTED FOR EMPLOYMENT

Position \_\_\_\_\_

Department \_\_\_\_\_

Replacing \_\_\_\_\_

Hourly rate \_\_\_\_\_

Starting date \_\_\_\_\_

Shift \_\_\_\_\_

Hours scheduled per pay period \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## TELEPHONE REFERENCES

Employer name \_\_\_\_\_

Dates of employment from \_\_\_\_\_ to \_\_\_\_\_

Quality of work  Excellent  Good  Fair  Poor

Quantity of work  Excellent  Good  Fair  Poor

Cooperation/interaction w/co-workers  Excellent  Good  Fair  Poor

Attendance/Punctuality  Excellent  Good  Fair  Poor

Attitude  Excellent  Good  Fair  Poor

Would you rehire?  Yes  No

Comments \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Employer name \_\_\_\_\_

Dates of employment from \_\_\_\_\_ to \_\_\_\_\_

Quality of work  Excellent  Good  Fair  Poor

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Cooperation/interaction w/co-workers  Excellent  Good  Fair  Poor

Attendance/Punctuality  Excellent  Good  Fair  Poor

Attitude  Excellent  Good  Fair  Poor

Would you rehire?  Yes  No

Comments \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**DISCLOSURE REGARDING PROCUREMENT  
OF CONSUMER REPORT**

In connection with your application for employment, please be advised that we are 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.

I acknowledge receipt of this disclosure and authorize that a criminal background check pursuant to Missouri law be conducted.

Applicant: \_\_\_\_\_

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