



TREGO COUNTY LEMKE MEMORIAL HOSPITAL

320 N. 13th St., WaKeeney, KS 67672 (785) 743-2182

APPLICATION FOR EMPLOYMENT

Please fill in all spaces. Enter N/A if item does not apply to you.

PERSONAL INFORMATION

Name -- Last		First	Middle Initial	Today's Date
ADDRESS -- Street			Telephone No.	
City	State	Zip	Email Address	
Position Desired	Referred by: (TCLMH Employee Name)		Worked for TCLMH before? Yes No	
Other Specialized Training Or Experience (Not Necessarily For This Job)				
Have you ever been convicted of a felony? If Yes, please describe.				
Have you ever been convicted of any criminal offense relating to health care? If Yes, please describe.				
Have you ever been listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in any federal health care program either temporarily or permanently? If Yes, please describe.				
Professional License/Registration No. Please Attach Copy		Type	State	

EMPLOYMENT UNDERSTANDING (PLEASE READ AND SIGN)

We are an equal employment opportunity employer without regard to a person's race, color, religion, sex (including pregnancy, gender identity and sexual orientation), national origin, ancestry, age (40 or older), disability, veteran status or genetic information.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations such information. I consent to take the physical examination, drug screen and such future physical examinations and drug screens as may be required by this institution at such times and places as this institution shall designate. I understand that employment in the position offered is contingent upon successful completion of a physical examination and drug screen.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form no later than the first day of employment and show satisfactory evidence of identity and eligibility for employment.

Signed:	Date:
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EDUCATION

Name and Location of Schools or Colleges	Major Subject(s)	Did You Graduate?	Type of Degree/Certificate

PRESENT OR LAST EMPLOYER

Name		Phone
Address		
Supervisor		May we contact your present employer?
From:	To:	Reason for desiring change
Salary	Other compensation	
Experience/responsibilities		

PREVIOUS EMPLOYER

Name		Phone
Address		
Supervisor		
From:	To:	Reason for desiring change
Salary	Other compensation	
Experience/responsibilities		

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Name		Phone
Address		
Supervisor		
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