


Directions for completing this form online for emailing/printing.

Windows/Macintosh computers

Download form and open in Adobe Reader DC. The blanks of the form are fillable, just click and type. Make sure you save often. Once you have completed the form save again. To complete the signature part of the form you may do one of the following:

- Type your signature for emailing
- Click on the fill and sign option
- You may print the form and manually sign.

If you clicked on the fill and sign option follow these steps.

- Select the fill and sign option.
- At the top of the page select  the icon.
- Select the signature option.
- You may either type your name or select draw. Use your mouse and draw your name. Click apply. You will need to move your signature to the signature line with your mouse. You may have to resize it by selecting a box at a corner and pushing to shrink or pulling to enlarge.
- Save your document again.
- Email it to Amanda Gallentine at agallentine@lchoakley.com

Android/iPhone

The easiest way to complete this form is to download the free app AdobeFill&Sign.

- Download the pdf file.
- When the options appear select Copy to AdobeFill&Sign.
- Click the line you need to complete and type.
- To sign the document select the signature line and touch the pen at the bottom of the window. Write your name.
- Email it to Amanda Gallentine at agallentine@lchoakley.com

**Logan County Health Services
211 Cherry Avenue
Oakley, Kansas 67748
Phone 785-672-3211
Fax 785-672-8184**

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE REQUIRED TO DO A DRUGS SCREEN BEFORE AND DURING EMPLOYMENT

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address, if possible)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Please complete the following if driving is or may be an essential function of the job for which you are applying.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Driver's license number _____ State of issue _____ Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

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APPLICATION FOR EMPLOYMENT

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your Last Job Title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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APPLICATION FOR EMPLOYMENT

Continued work experience

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

By signing my name below, I certify that all of the information provided by me in this Job Application, in my resume', and in any interview is true, correct, and complete. I understand and agree that, if I make any false statement or fail to fully answer any question, then Logan County Health Services (LCHS) may reject my application and /or immediately terminate my employment. I authorize LCHS to contact my schools, current or former employers (unless otherwise indicated), references and any other persons and organizations regarding me. I authorize all such schools, employers, references, and other persons and organizations to release accurate information about me to LCHS.

I understand that, if LCHS makes an offer of employment to me, I will be required to submit to a drug and alcohol test and a physical/psychological examination, both as permitted by law. I understand that I will be required to authorize the release of the results to LCHS. I further understand that, in connection with the routine processing of my employment application, LCHS may request from a consumer reporting agency, a consumer report and/or an investigative consumer report, including information as to my credit record, character, general reputation, personal characteristics, and mode of living. Upon written request from me, LCHS will provide me with additional information concerning the nature and scope of any such report requested by it, as required by law.

I understand that, if I am hired in any position, my employment with the Hospital will be terminable "at will". **This means that my employment will be for an indefinite period of time and may be terminated at any time, with or without notice, for any reason at all by either me or by the Hospital.** My status as an "at will" employee can be changed only if I have a written employment agreement with LCHS that is signed by me and by the Administrator of LCHS. Thus, no employee handbook, benefit plan, verbal promise, or any other statement, document or practice can change my status as an "at will" employee. Further, I understand that, within the limits imposed by applicable law, LCHS retains the right to unilaterally change, reduce or eliminate employee benefits, compensation, policies and procedures.

IF YOU HAVE ANY QUESTIONS ABOUT THIS INFORMATION OR ANY OTHER PART OF THIS JOB APPLICATION FORM, PLEASE DIRECT THOSE QUESTIONS TO THE INTERVIEWER OR AN LCHS REPRESENTATIVE BEFORE SIGNING!

Signature of applicant _____ **Date:** _____

Printed name of applicant _____ **Date:** _____

Logan County Health Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, ethnicity, pregnancy, military status, genetic information, national origin, citizenship, age or disability. We assure you that your opportunity for employment with LCHS depends solely on your qualifications.

Thank you for completing this application form and for your interest in Logan County Health Services!