



Enhancing Life. Excelling in Compassion.

424 Market St. Emporia, KS 66801 • 620-208-6670

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_  
City/State Zip

Contact Information: \_\_\_\_\_  
Cell Phone Home Phone Email

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Position: \_\_\_\_\_  
Position Applying for Available Start Date Desired Wage

Full Time  Part Time  Seasonal  PRN

Are you willing to take a physical Exam?  Yes  No

Do you have physical impairments?  Yes  No

If yes, explain (does it affect job requirements) \_\_\_\_\_

Do you have reliable & insured transportation?  Yes  No

Is your Driver's License Valid & Current?  Yes  No

Are you Bilingual?  Yes  No If yes, what language(s)? \_\_\_\_\_

1. Have you ever had any disciplinary action taken against any of your licenses, driver's license, or certifications? Y / N
  2. Are you now or have you ever been under review, probation, suspension, or are you working under a consent order from any licensing authority? Y / N
  3. Have you ever been named as a defendant in a malpractice claim? Y / N
  4. Have you been convicted of a misdemeanor or felony? Y / N
- \*If you answered yes to any of questions 1-4, please attach a separate sheet of paper with a full explanation, including dates and current status.*
4. Are you either a U.S. citizen or can you submit verification of your legal right to work in the U.S.? Y / N
  5. Have you signed a non-compete clause with your current employer? Y/N

<b>LICENSURE (please attach copies of all)</b>			
State	License #	Active Y/N	Expiration Date

<b>EDUCATION</b>			
Name of School	Location	Graduation Date	Degree

<b>CERTIFICATIONS / CREDENTIALS (please attach copies of all)</b>	
Type	Expiration Date
First Aid/CPR	
MANDT/CPI	
CMA/CNA	
OTHER:	

**SKILLS & QUALIFICATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Facility Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
May We Contact:  Yes  No

Facility Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
May We Contact:  Yes  No

Facility Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
May We Contact:  Yes  No

**REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

# AVAILABILITY FORM

Name: \_\_\_\_\_

Number of Hours Seeking: \_\_\_\_\_

Full time  Part Time

Morning  Evening  Day Shift  Overnights  Weekends

Availability times per day:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

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