

**CITIZENS MEDICAL CENTER, INC.**  
**COLBY, KANSAS 67701**

**Employment Application**

CITIZENS MEDICAL CENTER, INC. IS AN EQUAL OPPORTUNITY EMPLOYER: As an equal opportunity employer, this organization will not discriminate unlawfully against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, disability, or other legally protected reason. It is the policy of Citizens Medical Center, Inc. to select the most qualified individual who can perform the essential function(s) of the position with or without reasonable accommodation.

**Application Date** \_\_\_\_\_ **Date You Are Available To Start Work** \_\_\_\_\_ **Job For Which You Are Applying** \_\_\_\_\_ **Salary Desired** \_\_\_\_\_

**Name** \_\_\_\_\_  
 (Last) (First) (Middle) (Maiden)

**Present Address** \_\_\_\_\_ **Email** \_\_\_\_\_  
 (Street) (City) (State) (zip) (Email Address)

**Telephone Number** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No  
 Have you ever been convicted of a felony?  Yes  No If yes, what is the nature of the conviction? \_\_\_\_\_  
 Are you now or have you ever been excluded from participation in Federal health care programs?  Yes  No  
 How did you learn about the vacant position(s) at Citizens Medical Center, Inc.?  
 Newspaper Radio TV Social Media Online Job Site Job Fair www.cmciks.com Referred by: \_\_\_\_\_

**EDUCATION**

Name of School	Location	Years Attended	Date Graduated	Subjects Taken/Degree
High School				
University				
Nursing School				
Technical School				
Other				

**EMPLOYMENT:**

Do You Want To Work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	Shifts Preferred: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> 8 Hour <input type="checkbox"/> 12 Hour	Are You Available To Work: <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Rotating Shifts	Special Skills: (Please indicate if you have experience in the following areas.) Medical Transcriptions WPM _____ Switchboard <input type="checkbox"/> Yes <input type="checkbox"/> No Desk-Top Computing <input type="checkbox"/> Yes <input type="checkbox"/> No Software Type(s) _____ Word Processing WPM _____ Network Servers <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____
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Do you have any relatives employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Provide: Name _____ Department _____ Relationship _____ <b>In Case of Emergency Notify:</b> Name _____ Telephone _____	Have you ever been employed here? Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide: _____ If Yes, Provide: _____ Date _____ When _____ Department _____ Under What Name _____
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If employed by Citizens Medical Center, Inc., do you plan to work at another job in addition to your work at Citizens Medical Center, Inc.?  
 Yes  No If yes, where? \_\_\_\_\_ What hours and days? \_\_\_\_\_

Please list at three references. (Do not include relatives.) **REFERENCES**

Name	Complete Address	Home & Work Telephone Numbers	Title

EMPLOYMENT HISTORY

Please start with your most current employer:

1. Place of Employment \_\_\_\_\_ Position \_\_\_\_\_
Address \_\_\_\_\_
Street City State Zip
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_
Employment Dates (specify month and year) From \_\_\_\_\_ To \_\_\_\_\_
Reason for leaving \_\_\_\_\_ Salary \_\_\_\_\_
Brief description of your job duties \_\_\_\_\_

2. Place of Employment \_\_\_\_\_ Position \_\_\_\_\_
Address \_\_\_\_\_
Street City State Zip
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_
Employment Dates (specify month and year) From \_\_\_\_\_ To \_\_\_\_\_
Reason for leaving \_\_\_\_\_ Salary \_\_\_\_\_
Brief description of your job duties \_\_\_\_\_

3. Place of Employment \_\_\_\_\_ Position \_\_\_\_\_
Address \_\_\_\_\_
Street City State Zip
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_
Employment Dates (specify month and year) From \_\_\_\_\_ To \_\_\_\_\_
Reason for leaving \_\_\_\_\_ Salary \_\_\_\_\_
Brief description of your job duties \_\_\_\_\_

4. Place of Employment \_\_\_\_\_ Position \_\_\_\_\_
Address \_\_\_\_\_
Street City State Zip
Telephone Number \_\_\_\_\_ Supervisor \_\_\_\_\_
Employment Dates (specify month and year) From \_\_\_\_\_ To \_\_\_\_\_
Reason for leaving \_\_\_\_\_ Salary \_\_\_\_\_
Brief description of your job duties \_\_\_\_\_

May we contact your present employer?  Yes  No Please indicate any of the above employers you do not want contacted. Please circle: 1 2 3 4
Please specify why \_\_\_\_\_

Current Professional Licenses, Registrations and/or Certifications

Type of License/Registration/Certificate \_\_\_\_\_
State \_\_\_\_\_ Date of Expiration \_\_\_\_\_
Name Registered or Licensed \_\_\_\_\_
License/Registration/Certificate Number \_\_\_\_\_

Current Work Permit (New Graduates)  Yes  No

Please provide a copy of your current license, registration, certification or work permits.

Read Carefully Before Signing:

I hereby certify that all answers given by me on this application are true and correctly answered. I authorize Citizens Medical Center, Inc. to check with my former employers and other sources deemed necessary to verify the facts and information furnished with regard to my character and qualifications. I hereby release any such employer or person from any and all liability of whichever nature due to furnishing such information. I understand that any false or intentionally misleading statements, or omissions of Important Information, shall be sufficient grounds for dismissal. I understand that the position for which I am applying is an employment-at-will position and that any statements made during the application and interview process do not change the at-will status of the employment. Employment at-will status means the employer can terminate the employee at any time and the employee can resign at any time.

I understand that CMCI is a tobacco-free campus, and that if I am offered a position and I accept, I may not use tobacco during work hours or at any time, I am on the CMCI campus.

Signature of applicant

Date

**CITIZENS MEDICAL CENTER, INC.**

Colby, Kansas

**REFERENCE REQUEST**

\_\_\_\_\_ has made application for the position of \_\_\_\_\_ in the  
\_\_\_\_\_ Department of Citizens Medical Center, Inc. and has listed you as a reference or indicated he/she  
worked for you.

EE=Exceeded Expectations

ME=Met Expectations

BE=Below Expectations

**SKILLS/ABILITIES**

Positive Attitude Toward Work

EE  ME  BE

Team Player

EE  ME  BE

Reliability/Flexibility

EE  ME  BE

Initiative/Motivation

EE  ME  BE

Cooperation

EE  ME  BE

Accepts And Implements Change

EE  ME  BE

Productivity

EE  ME  BE

Quality Of Work

EE  ME  BE

Displays Pride In Work And Company

EE  ME  BE

Thoroughness

EE  ME  BE

Trustworthy And Adheres To Confidentiality Policy

EE  ME  BE

Professional Appearance/Conduct

EE  ME  BE

Effective Communicator

EE  ME  BE

Dates of employment with you or your institution OR length of acquaintance: \_\_\_\_\_

Reason given for leaving your employ? \_\_\_\_\_

Are you aware of any felony convictions while in your employ? \_\_\_\_\_

If yes, do you know the nature of the conviction? \_\_\_\_\_

Would you rehire? \_\_\_\_\_ Was adequate notice of termination given? \_\_\_\_\_

Other information that might be helpful in determining the qualities of this applicant: \_\_\_\_\_

Reference Furnished By: \_\_\_\_\_ Date \_\_\_\_\_ Reference Obtained By: \_\_\_\_\_ Date \_\_\_\_\_

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I AUTHORIZE CITIZENS MEDICAL CENTER, INC. TO CHECK WITH MY FORMER EMPLOYERS AND OTHER SOURCES DEEMED NECESSARY TO VERIFY THE FACTS AND INFORMATION FURNISHED WITH REGARD TO MY CHARACTER AND QUALIFICATIONS. I HEREBY RELEASE ANY SUCH EMPLOYER OR PERSON FROM ANY AND ALL LIABILITY DUE TO FURNISHING SUCH INFORMATION.

Per HB 2278, I understand that, if I am offered a position at Citizens Medical Center, Inc., and I accept, I may be subject to a criminal background investigation. I also understand that any offer of employment may be conditional upon the results of the investigation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_