

**APPLICATION FOR EMPLOYMENT**  
**Brown County Hospital**  
**An Equal Opportunity Employer**

**Instructions:** Please complete every part of this application. If there is a question which does not apply to you, mark "N/A". Do not leave any question unanswered. Due to the differences in web browsers, the best way to use this form is to download it to your computer, complete the form and save it. Then email the completed form to hrmanager@browncountyhospital.org. You may also print the form, complete it and mail it to Brown County Hospital, ATTN: HR Manager, 945 E Zero St. Ainsworth, NE 69210. **Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.**

Position(s) applied for: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Todays Date: \_\_\_\_\_ Date you can start: \_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

**PERSONAL INFORMATION**

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

Home Address: \_\_\_\_\_  
Street/PO Box City State Zip-Code

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you available:      Full-time              Part-time              Temporary

Please describe any work schedule limitations below:  
 \_\_\_\_\_

Income Expectations Annually: \_\_\_\_\_

Have you applied for a job with us before?      No      Yes (State date): \_\_\_\_\_

Have you been employed by us before?      No      Yes (If yes, date and jobs): \_\_\_\_\_

Do you have relatives employed by us?      No      Yes (List relatives) \_\_\_\_\_

Are you at least 18 years old?      No      Yes

If not, are you at least 16 years old?      No      Yes

Are you a citizen of the United States, or specifically authorized to be employed in the United States?      Yes      No

**NOTE: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.**

Do you have a valid driver's license?      Yes      No

## PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (Omit dates for jobs held more than five years ago).

1. Dates of Employment: From: _____ To: _____ Salary: _____
Employer: _____ Address: _____
Phone: _____ Supervisor/Title: _____
Position Held: _____ Reason for Leaving: _____
Responsibilities:
May we contact this employer for a reference?: Yes          No

2. Dates of Employment: From: _____ To: _____ Salary: _____
Employer: _____ Address: _____
Phone: _____ Supervisor/Title: _____
Position Held: _____ Reason for Leaving: _____
Responsibilities:
May we contact this employer for a reference?: Yes          No

3. Dates of Employment: From: _____ To: _____ Salary: _____
Employer: _____ Address: _____
Phone: _____ Supervisor/Title: _____
Position Held: _____ Reason for Leaving: _____
Responsibilities:
May we contact this employer for a reference?: Yes          No

## EDUCATION AND TRAINING

Name and location of High School: \_\_\_\_\_

\_\_\_\_\_ Graduated Yes No

List technical or trade school, college, and post-graduate education, if any.

	School/College	Level Completed	Degree	Major Subjects
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## OTHER SKILLS

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:** ie. Computer and Equipment Skills, Microsoft Office Programs (Excel, Word, Publisher, Outlook, Power Point, etc.) Proficiency Level

## PROFESSIONAL LICENSES / CERTIFICATIONS

List all professional licenses or certifications held:

State	License/Certification Type	Date Issued	License/Certification #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Honorable Discharge? Yes No

**NOTE: A less than honorable discharge will not automatically disqualify you from employment.**

## REFERENCES

List three personal references, other than prior employers or relatives, whom we can contact.

1. Name \_\_\_\_\_ Phone# \_\_\_\_\_  
How long known \_\_\_\_\_ Occupation \_\_\_\_\_
2. Name \_\_\_\_\_ Phone# \_\_\_\_\_  
How long known \_\_\_\_\_ Occupation \_\_\_\_\_
3. Name \_\_\_\_\_ Phone# \_\_\_\_\_  
How long known \_\_\_\_\_ Occupation \_\_\_\_\_

Please attach resume if available.

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## Brown County Hospital

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Brown County Hospital to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Brown County Hospital with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Brown County Hospital has the authority to make oral contracts of employment. If hired, my employment relationship with Brown County Hospital is terminable at-will, with or without cause, by either myself or Brown County Hospital. Upon my termination, I authorize the release of reference information on my work.

I also understand that my employment may be conditioned upon a favorable health evaluation including drug screening, which may include a medical examination by a physician selected by Brown County Hospital, to which I hereby consent. I further agree that if I've been convicted of a crime, the authorities of Brown County Hospital may obtain details of my conviction to determine its relationship to the position I am applying for as a condition of my employment.

I understand and agree to all of the conditions and statements set forth above, and throughout this application:

By checking the box to the left, I acknowledge that I have read and understand the above information, and all information submitted is true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

March 2017