

## Kingfisher Regional Hospital Employment Application

### *Availability and salary requirement:*

Application Date:	Date available for employment:	Salary Requirement:
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### *Name, social security number, address, contact information and basic employment information:*

Formal Name (your name as it should appear on a resume):

Preferred / Nick Name:

Other names you have worked under (maiden, prior marriage, etc.):

Social Security Number: \_\_\_\_\_

Current Address:  
 Home Address – Street: \_\_\_\_\_  
 Home Address – PO Box: \_\_\_\_\_  
 Home Address – City, State, Zip: \_\_\_\_\_  
 Years at this address: \_\_\_\_\_

Previous Address:  
 (if less than 5 years at current):  
 Home Address – Street: \_\_\_\_\_  
 Home Address – PO Box: \_\_\_\_\_  
 Home Address – City, State, Zip: \_\_\_\_\_  
 Years at this address: \_\_\_\_\_

Contact Information (Phone): Work Phone: _____  Home Phone: _____	Contact Information (E-Mail): Primary E-Mail: _____  Alternate E-Mail: _____	Contact Information (Fax/Other): Fax Number: _____  Best time to call: _____
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May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been employed by Kingfisher Regional Hospital?    Yes     No

### *Consider my application for the following positions:*

If you are applying for a specific open position or would like to be considered for multiple open positions, please list the position(s) for which you are applying:

If you are forwarding this application for consideration when future openings occur, please list the type of position(s) for which you would like to be considered:

### *Desired Work Schedule:*

<b>Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/Per Diem <input type="checkbox"/> Any	<b>Shift:</b> <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Alternating <input type="checkbox"/> Any	<b>Work Days:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Any
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### *Acceptable Work Schedule Parameters:*

Would you consider other schedules?    Yes     No

***Employment Experience:***

Provide information about your employment experience, starting with your most recent position.  
How many positions have you held to date:

**Most Recent Position:**

Employer's Name: Address: City, State, Zip		
Employer's Phone Number(s):		
Name Appearing in Employer's Records:		
Length of time in position:	From (Month / Year):	To (Month / Year):
Position Title:		
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/Per Diem	Average number of hours worked per week:	Final Salary:
Position duties and responsibilities:		
Reason for leaving position:		
Supervisor's or Manager's Name and Phone Number:		
May we contact your supervisor or manager? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b><u>Second Most Recent Position:</u></b>	Same employer as above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer's Name: Address: City, State, Zip		
Employer's Phone Number(s):		
Name Appearing in Employer's Records:		
Length of time in position:	From (Month / Year):	Length of time in position:
Position Title:		
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/Per Diem	Average number of hours worked per week:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/Per Diem
Position duties and responsibilities:		
Reason for leaving position:		
Supervisor's or Manager's Name and Phone Number:		
May we contact your supervisor or manager? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Third Most Recent Position:</b>		Same employer as above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer's Name: Address: City, State, Zip			
Employer's Phone Number(s):			
Name Appearing in Employer's Records:			
Length of time in position:	From (Month / Year):	Length of time in position:	
Position Title:			
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/Per Diem	Average number of hours worked per week:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/Per Diem	
Position duties and responsibilities:			
Reason for leaving position:			
Supervisor's or Manager's Name and Phone Number:			
May we contact your supervisor or manager? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Fourth Most Recent Position:</b>		Same employer as above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer's Name: Address: City, State, Zip			
Employer's Phone Number(s):			
Name Appearing in Employer's Records:			
Length of time in position:	From (Month / Year):	Length of time in position:	
Position Title:			
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/Per Diem	Average number of hours worked per week:	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN/Per Diem	
Position duties and responsibilities:			
Reason for leaving position:			
Supervisor's or Manager's Name and Phone Number:			
May we contact your supervisor or manager? <input type="checkbox"/> Yes <input type="checkbox"/> No			

For additional employment experience, please copy and complete this page to submit with your application.

**Career Highlights:**

Describe any specialized training (vocational, business, correspondence, etc.), job skills (computer skills, office machine skills, bookkeeping experience, foreign language, etc.), apprenticeships, and/or memberships in professional organizations:

**Professional Licenses and/or Registrations Held:**

How many professional licenses and/or registrations do you hold:

Title:	License No:	Expiration Date:	State(s) held:
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**Education:**

Provide information about your education, starting with the most recent school attended.

Select the last year of school completed:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> High School attended but no diploma | <input type="checkbox"/> Some graduate work but no degree | <input type="checkbox"/> Bachelors Degree completed |
| <input type="checkbox"/> High School or GED completed        | <input type="checkbox"/> Associates Degree completed      | <input type="checkbox"/> Masters Degree completed   |
|  |   | <input type="checkbox"/> Doctorate Degree completed |

How many colleges or universities did you attend:

**Most Recent School:**

School's Name:	<u>Dates Attended:</u>
Address:	From (Month / Year): To (Month / Year):
City, State, Zip:	Grade Point Average:
	Degree conferred: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degree Title:

**Second Most Recent School:**

School's Name:	<u>Dates Attended:</u>
Address:	From (Month / Year): To (Month / Year):
City, State, Zip:	Grade Point Average:
	Degree conferred: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degree Title:

**Third Most Recent School:**

School's Name:	<u>Dates Attended:</u>
Address:	From (Month / Year): To (Month / Year):
City, State, Zip:	Grade Point Average:
	Degree conferred: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Degree Title:

**High School:**

Provide information about the last high school that you attended:

School's Name:	<u>Dates Attended:</u>
Address:	From (Month / Year): To (Month / Year):
City, State, Zip:	Grade Point Average:
	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Graduation Date (Month / Year):

**Educational Highlights:**

Describe any honors received, specialized education, skills learned and extracurricular activities

***Referral Information:***

Referred by:

- Employment Agency                       Walk-in  
 Newspaper Advertising                       Professional Journal Advertising  
 Web-site     Other (please describe)  
 Hospital Employee    If referred by a Kingfisher Regional Hospital employee, enter their name:

***Background Check:***

Have you used any illegal drugs or used controlled substances without a prescription in the last two years?

- Yes             No

Have you ever been convicted of a misdemeanor or felony offense? (A conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of the offense, remoteness of the offense in time and rehabilitation will be taken into account in determining effect of suitability for employment.)

- Yes             No

If yes, explain:

***References:***

Reference #1 Name, Position or Title  
Phone Number  
Address  
City, State, Zip  
How long they have known you

Reference #2 Name, Position or Title  
Phone Number  
Address  
City, State, Zip  
How long they have known you

Reference #3 Name, Position or Title  
Phone Number  
Address  
City, State, Zip  
How long they have known you

***Employment Statements:***

Kingfisher Regional Hospital is an equal opportunity employer. It is policy that all individuals are entitled to equal employment opportunity regardless of race, color, religion, sex, national origin, age or disability, as required by state and federal law. The Hospital is committed to this policy. All appropriate steps are taken to ensure equal opportunity in employment with respect to all personnel actions, including, but not limited to: recruiting, hiring, compensation, benefits, education and promotion / advancement opportunities.

***Applicant's Statement:***

I certify that the information I have provided on this application is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on this application or subsequent interview(s) may result in termination of employment.

I grant permission to Kingfisher Regional Hospital to contact any of the employers, supervisors, managers, educational institutions, and/or references listed in this application unless I have indicated to the contrary in the appropriate fields on this application. I authorize my former and/or current employer(s) to release information pertaining to my work record, work habits, and my work performance while in their employment. I understand that Kingfisher Hospital may, and hereby authorize it to solicit information regarding my character, felony record, driving record, previous employment, and/or similar background information. I understand that any employment offer is contingent upon a background check and/or successful completion of any other conditions that may be required. I understand that my employment is contingent upon proof of identity and verification of eligibility for employment in the United States, in accordance with the Immigration Reform Act of 1986. I understand that neither this application nor any verbal offer of employment is an employment contract. I further understand that any employment offered to me is terminable at will. This means I can quit at any time and Kingfisher Regional Hospital can terminate my employment at any time, with or without cause and without advance notice.

**Healthcare Employment Screening Disclosure and Release**

In connection with my application for employment (including contract for services) with **Kingfisher Regional Hospital**, I hereby fully release and discharge you and Healthcare Employment Screening (HES), their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or HES from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to Fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to FCRA. **I hereby authorize and give my consent to the above company for the procurement of consumer report(s). If hired (or contracted), this authorization will remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.**

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report and consumer reports which may contain public record information may be requested from HEALTHCARE EMPLOYMENT SCREENING, 4500 S. 129th E. Ave., Suite 200, Tulsa, OK 74134-5885. These reports may include the following types information: names and dates of previous employers, reason for termination of employment, work experience, any information relating to my character, general reputation, personal characteristics, mode of living, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

You have the right to receive from Kingfisher Regional Hospital upon your written request within a reasonable period of time, a complete and accurate disclosure of the nature and scope of the investigation requested.

**Applicant's Signature**

**Date:**