

# Johnson County Healthcare Center

497 West Lott – Buffalo, WY 82834

## APPLICATION FOR EMPLOYMENT

*Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should notify a representative of the Human Resources Department.*

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - -  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ am/pm

May we contact you at work?  Yes  No

If **yes**, work number and best time to call:  
 ( ) \_\_\_\_\_ am/pm

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If **no**, please explain \_\_\_\_\_

Have you submitted an application here before?  Yes  No

If **yes**, give date(s) and position(s) \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If **yes**, give dates From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is your desired salary range or hourly rate of pay?  
 \$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No

If **no**, please explain \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:  
 \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment History			
Starting with your most recent employer, provide the following information.			
Employer	Telephone # ( )	Dates employed:	Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>	
Starting job title/final job title	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<b>Compensation (Final)</b>	
Why did you leave?	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$	per
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What did you like least about your position?			

**Employment History (continued)**

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Dates employed:	Month / Year	to	Month / Year
Street address	City State	<b>Compensation (Starting)</b>			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$		per
Starting job title/final job title		Compensation/Bonus/ Other Compensation \$			
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<b>Compensation (Final)</b>			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$		per
Why did you leave?		Compensation/Bonus/ Other Compensation \$			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What did you like least about your position?					

Employer	Telephone # ( )	Dates employed:	Month / Year	to	Month / Year
Street address	City State	<b>Compensation (Starting)</b>			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$		per
Starting job title/final job title		Compensation/Bonus/ Other Compensation \$			
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<b>Compensation (Final)</b>			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$		per
Why did you leave?		Compensation/Bonus/ Other Compensation \$			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What did you like least about your position?					

Employer	Telephone # ( )	Dates employed:	Month / Year	to	Month / Year
Street address	City State	<b>Compensation (Starting)</b>			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$		per
Starting job title/final job title		Compensation/Bonus/ Other Compensation \$			
Immediate supervisor and title (for most recent position held)	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<b>Compensation (Final)</b>			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$		per
Why did you leave?		Compensation/Bonus/ Other Compensation \$			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What did you like least about your position?					

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If not addressed above or on the previous page, have you ever been fired or asked to resign from a job?  Yes  No

If **yes**, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____ Years _____	<input type="checkbox"/> Internet _____ Years _____
<input type="checkbox"/> Spreadsheet _____ Years _____	<input type="checkbox"/> Other _____ Years _____
<input type="checkbox"/> Presentation _____ Years _____	<input type="checkbox"/> Other _____ Years _____
<input type="checkbox"/> E-mail _____ Years _____	<input type="checkbox"/> Other _____ Years _____

**Educational Backgrounds**

Starting with the most recent school attended, provide the following information.

School (Include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**References**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, award, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

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**Related Information (continued)**

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If **yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional); employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporation or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it may be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant:** \_\_\_\_\_ **Date:** / / \_\_\_\_\_

# Johnson County Healthcare Center

497 West Lott – Buffalo, WY 82834

(307) 684-5521

## CONFIDENTIAL REFERENCE CHECK

The person's name below has applied for employment. He/she has authorized the collection of any information concerning past employment with your organization.

It is of the utmost importance to us that we hire the right person for the job. Therefore, we would appreciate your reply to the questions below.

Johnson County Healthcare Center

Thank you,

\_\_\_\_\_  
Administrator/Department Director or Supervisor

Applicants Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

(I hereby release from all liability the company or person named below, and authorize them to release all information regarding my employment with them.)

X \_\_\_\_\_  
(Applicant's Signature) \_\_\_\_\_ Date

Is the above information correct:  Yes  No, explain: \_\_\_\_\_

Would you rehire:  Yes  No, explain: \_\_\_\_\_

EVALUATION	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Quality of work					
Cooperation					
Judgment/Dependability					
Attendance					
Appearance					
Physical/Emotional Health <i>(to the best of your knowledge)</i>					

Additional Comments: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature/Title) \_\_\_\_\_ Date