

Please return in person, fax or email:
mmaddox@bluevalleyhealthcare.com
 FAX: (785) 562-5398 | PH: (785) 562-5321
 1100 N. 16th St. | Marysville, KS 66508



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME _____ **DATE** _____ **POSITION** _____

ADDRESS _____ **PHONE NUMBER** _____

EMPLOYMENT DESIRED

<u>1st Choice</u>	<u>Shift</u>	<u>Salary</u>
<u>2nd Choice</u>	<u>Shift</u>	<u>Salary</u>
Full-time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	<u>Date available</u>	

EDUCATION/TRAINING

SCHOOL	NAME	DID YOU GRADUATE?	DIPLOMA/DEGREE RECEIVED
High School			
College			
Other			

PROFESSIONAL LICENSES/CERTIFICATIONS

<u>Type</u>	<u>State Issued</u>	<u>Date Issued</u>
<u>Type</u>	<u>State Issued</u>	<u>Date Issued</u>
<u>Type</u>	<u>State Issued</u>	<u>Date Issued</u>

REFERENCES-LIST THREE WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

NAME & RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	PHONE

EMPLOYMENT HISTORY-LIST CURRENT/MOST RECENT EMPLOYER FIRST

<u>Company Name</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Phone</u>
<u>Position</u>	<u>Supervisor Name</u> <u>May we contact?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Job Description/Responsibilities</u>	
<u>Company Name</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Phone</u>
<u>Position</u>	<u>Supervisor Name</u> <u>May we contact?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Job Description/Responsibilities</u>	
<u>Company Name</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Phone</u>
<u>Position</u>	<u>Supervisor Name</u> <u>May we contact?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Job Description/Responsibilities</u>	

AVAILABILITY-PLEASE LIST DAYS & HOURS AVAILABLE FOR WORK

SUN	From: A.M.	To: A.M.	Are you available to work:
	From: P.M.	To: P.M.	
MON	From: A.M.	To: A.M.	Weekends <input type="checkbox"/> Holidays <input type="checkbox"/>
	From: P.M.	To: P.M.	Rotating Shifts <input type="checkbox"/> On-Call <input type="checkbox"/>
TUE	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	
WED	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	
THU	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	
FRI	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	
SAT	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	

SIGNATURE _____ **DATE** _____

Criminal Background Check Authorization

By action of Kansas State Legislation effective July 1, 1998 all Kansas nursing homes, assisted living facilities and home health agencies must conduct a criminal background check. The criminal background check law describes certain offences, which disqualifies a person from employment if the employee has been convicted of specific prohibited offence. Effected persons all employees except individuals who presently work for the facility and are licensed or registered by a state agency to provide professional services. In addition persons who have been employed by the same adult care home for five (5) consecutive years immediately prior to July 1, 1997, shall not be required to have the background check, or if an individual has been subject to a background check within one (1) year prior to the application for employment.

With the acceptance of employment the applicant authorizes Blue Valley Health Care to complete a background check, therefore employment is conditional pending the results of this background check.

I, _____ reviewed and understand the criminal background check information above and its effect on my continuous employment with Blue Valley Health Care.

Signature, Prospective Employee

Date

Applicant information: ALL REQUESTED INFORMATION MUST BE PROVIDED or the form will not be processed.

LAST NAME _____ FIRST NAME _____ MIDDLE _____

OTHER NAMES EVER USED: _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ SEX _____ RACE _____

ADDRESS _____ CITY _____

ZIP CODE _____ STATE _____ COUNTRY _____

HOME PHONE _____ CELL PHONE _____