



EMPLOYMENT APPLICATION

Phone 402-727-3318
FAX 402-727-3765

DATE _____

All qualified applicants will receive consideration for employment without regard to race, color, religion, age, sex, national origin, marital status or disability. We advise that we intend to check and hold you responsible for the statements you make on this application.

NAME _____ DATE _____

ADDRESS _____ Are you known to schools/references by another name? _____

CITY _____ If yes, by what name? _____

STATE _____ ZIP _____ ARE YOU AT LEAST 16 YEARS OLD? _____

HOME PHONE _____ HOW WERE YOU REFERRED TO US?

MESSAGE _____ (1) NEWSPAPER _____ (2) On my own _____

E-MAIL _____ (3) Job Hotline _____ (4) Hospital Employee _____

SOCIAL SECURITY NUMBER _____ (5) Internet Site _____ (6) Other _____

TYPE OF WORK DESIRED: FIRST CHOICE _____

SECOND CHOICE _____

WHAT IS YOUR SALARY REQUIREMENT? _____

ARE YOU APPLYING FOR: Full time 64-80 hrs/2 wks Regular Part Time 40 hrs or more/2 wks Part Time 1-39 hrs/2 wks Pool as needed Temporary 3 months or less

HOURS OR SHIFTS AVAILABLE TO WORK

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

DATE AVAILABLE FOR WORK _____

HAVE YOU EVER BEEN EMPLOYED BY FREMONT AREA MEDICAL CENTER? _____

If yes, position held _____ From _____ To _____

LIST ANY FAMILY MEMBERS WHO CURRENTLY WORK AT FAMC _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ NO _____

(if employed, you will be required to produce evidence of identity and work authorization)

ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT HEALTH ASSESSMENT, INCLUDING DRUG SCREENING? _____

FIRST NAME _____

LAST NAME _____

EDUCATION

SCHOOLS	PRINT NAME, CITY, STATE, FOR EACH SCHOOL LISTED	NO. YEARS ATTENDED	TYPE OF COURSES OR MAJOR	DEGREE RECEIVED
HIGH SCHOOLS	_____			
COLLEGE	_____			
COLLEGE	_____			
OTHER	_____			

EMPLOYMENT RECORD: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER. USE ADDITIONAL SHEET IF NECESSARY. PLEASE LIST ANY VOLUNTEER EXPERIENCE THAT IS RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.

EMPLOYER NAME AND ADDRESS #1 _____ _____ Phone _____	EMPLOYED FROM:	YOUR JOB TITLE	BRIEFLY DESCRIBE YOUR DUTIES
	TO:		
	SALARY FROM:	SUPERVISOR'S NAME	
	TO:		
			REASON FOR LEAVING
EMPLOYER NAME AND ADDRESS #2 _____ _____ Phone _____	EMPLOYED FROM:	YOUR JOB TITLE	BRIEFLY DESCRIBE YOUR DUTIES
	TO:		
	SALARY FROM:	SUPERVISOR'S NAME	
	TO:		
			REASON FOR LEAVING
EMPLOYER NAME AND ADDRESS #3 _____ _____ Phone _____	EMPLOYED FROM:	YOUR JOB TITLE	BRIEFLY DESCRIBE YOUR DUTIES
	TO:		
	SALARY FROM:	SUPERVISOR'S NAME	
	TO:		
			REASON FOR LEAVING

May we contact the employers listed above? Yes No

If no, which one(s) and why?

PROFESSIONAL REFERENCES

Name	Title/Relationship	Company	Daytime Phone Number
1. _____			
2. _____			
3. _____			

CRIMINAL BACKGROUND

Have you ever been convicted of a misdemeanor or felony or plead guilty to a crime other than a minor traffic violation?
 _____ YES _____ NO

IF YES, EXPLAIN _____
 A conviction will not automatically exclude you from consideration. Each conviction will be evaluated with respect to its nature and circumstances. If a position is offered, a criminal background check will be conducted. **Falsification of statements will result in the offer being rescinded.**

U.S. MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN THE ARMED SERVICES? _____ YES _____ NO
 BRANCH OF SERVICE _____ RESERVE ORGANIZATION _____

LICENSE OR REGISTRATION

TYPE	ISSUING AUTHORITY	EXP. DATE	NO.

SPECIAL QUALIFICATIONS

Summarize additional skills acquired from employment or other experience.

Typing _____ words per minute Transcription/Dictaphone
 10 Key Adder _____ key strokes per minute Medical Terminology
 Language _____ Do You? Speak Read Write
 Language _____ Do You? Speak Read Write
 Software Used _____
 Other (include machinery or equipment operation experience, as well as special licenses or certifications) _____

Please state any additional information you feel may be helpful to us in considering your application. _____

I hereby certify that the information given by me on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date. **I further understand, a violation of fraud/abuse or misconduct in relation to Federal Healthcare Programs may disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date.**

I understand that this employment application and any other Medical Center document or agreement, either written or oral, are not contracts of employment. Employment may be terminated by either party at any time for any reason. I furthermore understand that any offer of employment will be contingent upon being able to prove eligibility for employment as required by the Immigration Reform Act and upon satisfactory completion of a health assessment. **This assessment will include testing for current usage of drugs and alcohol.**

I authorize current and previous employers, personal references, schools and organizations named in this application (and accompanying resume, if any) to provide Fremont Area Medical Center with any relevant information that may be required to arrive at an employment decision, and hereby releases Fremont Area Medical Center from any and all liability resulting from this investigation.

 Signature Date

Thank you for completing this application for employment at Fremont Area Medical Center. Your application will remain on file for 1 year.



PRE-EMPLOYMENT INFORMATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In Compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, military status, age, marital status, or the presence of a non-job-related medical condition or disability. So that we can comply with Federal/State Equal Opportunity Employment recordkeeping requirements and other legal requirements, please complete this form. This Pre-Employment Information will be kept in a confidential file separate from the Employment Application, and shall not be used in making any hiring decision or other employment-related decision.

POSITION APPLIED FOR: _____ DATE: _____

NAME _____ PHONE NO. _____
LAST FIRST MIDDLE (MAIDEN)

ADDRESS _____
NO. STREET CITY STATE ZIP CODE

BIRTHDATE: _____ NEAREST AGE _____

ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S.? _____ YES _____ NO

(IF EMPLOYED, YOU WILL BE REQUIRED TO PRODUCE EVIDENCE OF IDENTITY AND WORK AUTHORIZATION).

RACE/ETHNIC GROUP: _____ WHITE _____ BLACK _____ HISPANIC _____ AMERICAN INDIAN/ALASKAN
_____ ASIAN/PACIFIC ISLANDER _____ OTHER (IDENTIFY) _____

SEX: _____ MALE _____ FEMALE

ARE YOU A VIETNAM ERA VETERAN? _____ YES _____ NO SERVICE: FROM _____ TO _____

ARE YOU A DISABLED VETERAN? _____ YES _____ NO V.A. DISABILITY RATE _____ %

HOW WERE YOU REFERRED TO US: _____ SELF _____ FRIENDS _____ EMPLOYEE _____ SCHOOL
_____ NEBRASKA JOB SERVICE _____ EMPLOYMENT AGENCY _____ ADVERTISEMENT _____ OTHER