

**FLINT HILLS COMMUNITY HEALTH CENTER**  
**AN EQUAL OPPORTUNITY EMPLOYER**

**PRE-EMPLOYMENT APPLICATION**

**FLINT HILLS COMMUNITY HEALTH CENTER EMPLOYS ONLY U.S. CITIZENS OR ALIENS LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT.**

INSTRUCTIONS: Please answer all questions accurately and completely. Use brief factual statements. If more space is needed, use the "Additional Information" section provided at the end of this form. Ask for an explanation if you do not understand a question.

THIS APPLICATION MUST BE COMPLETED LEGIBLY IN ITS ENTIRETY BEFORE YOU WILL BE CONSIDERED FOR EMPLOYMENT.

THIS APPLICATION REMAINS CURRENT FOR 90 DAYS. RE-APPLICATION IS REQUIRED THEREAFTER.

DATE OF APPLICATION: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

NAME: \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Address \_\_\_\_\_  
Number Street City State Zip

Telephone (where you can be contacted during the day) (\_\_\_\_) \_\_\_\_\_

Type of work or position for which you are applying? \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you available to work nights? YES \_\_\_\_\_ NO \_\_\_\_\_ WEEKENDS? YES \_\_\_\_\_ NO \_\_\_\_\_

Should a position be offered to you that requires travel, could you do so? YES \_\_\_\_\_ NO \_\_\_\_\_ WILL DISCUSS \_\_\_\_\_

If you are currently employed, may we contact your employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you previously applied for employment or have you ever been employed by FLINT HILLS COMMUNITY HEALTH CENTER or any other government entity:

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list: \_\_\_\_\_

**MEMBERSHIPS AND/OR SPECIAL LICENSES:**

Do you belong to any professional, trade, business or civic organizations that relate to the position for which you are applying? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain and list offices held: (omit any organization which reflects your race, color, religion, age, sexual orientation, marital status or disabilities).

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

List any special licenses or certificates you may hold: \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT HISTORY: Complete the information below for your last ten (10) years of employment, including military service. Start with your most recent employment. Be specific as to times, job titles and types of duties. To expand on employment history, use the space under the "Additional Information" section at the end of this form.

<b>1. EMPLOYER:</b>	JOB TITLE/WORK PERFORMED/SPECIAL SKILLS:	FINAL PAY:
ADDRESS:		
TELEPHONE NUMBER:		
SUPERVISOR:		
DATES EMPLOYED: From _____ To _____		
REASON FOR LEAVING:		
<b>2. EMPLOYER</b>	JOB TITLE/WORK PERFORMED/SPECIAL SKILLS:	FINAL PAY:
ADDRESS:		
TELEPHONE NUMBER:		
SUPERVISOR:		
DATES EMPLOYED: From _____ To _____		
REASON FOR LEAVING:		
<b>3. EMPLOYER</b>	JOB TITLE/WORK PERFORMED/SPECIAL SKILLS:	FINAL PAY:
ADDRESS:		
TELEPHONE NUMBER:		
SUPERVISOR:		
DATES EMPLOYED: From _____ To _____		
REASON FOR LEAVING:		

ACCOUNT FOR PERIODS WITHIN THE LAST TEN (10) YEARS THAT YOU WERE NOT EMPLOYED:

STARTING DATE	ENDING DATE	REASON

Have you ever been discharged or asked to resign from a job? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

EDUCATION:	HIGH SCHOOL/GED	TECHNICAL COLLEGE	COLLEGE	OTHER
SCHOOL NAME AND LOCATION				
YEARS COMPLETED	9 10 11 12 GED	1 2	1 2 3 4 +	1 2 3 4 +
DIPLOMA/DEGREE	YES NO	YES NO	YES NO	YES NO
MAJOR COURSE(S) OF STUDY				

OFFENSES: Have you ever been convicted of any criminal offenses (felony or misdemeanors) other than a traffic violation? YES \_\_\_\_\_  
NO \_\_\_\_\_

A "conviction" includes a guilty plea, a verdict or judgment of guilt, a plea of no contest, a pretrial diversion agreement or any similar conviction. A criminal conviction is not an absolute bar to employment, but will be considered in relation to the specific job requirements.

If you answer "yes", please state the following for each conviction:

(i) The charge(s): \_\_\_\_\_

(ii) Your conduct leading to the conviction: \_\_\_\_\_

(iii) Date of incidence: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(iv) Date of conviction: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(v) Name, City, County and State of Court: \_\_\_\_\_

(vi) The sentence or penalty imposed: \_\_\_\_\_

RELATIVES: If you are related to anyone employed by FLINT HILLS COMMUNITYHEALTH CENTER, give the person's name, relationship and work location:  
\_\_\_\_\_

REFERENCES

Give names, addresses and daytime telephone number of three (3) references who are not related to you and NOT PREVIOUS EMPLOYERS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If hired, can you furnish written proof to work in this country? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a current Kansas driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please give license number and class: \_\_\_\_\_

Have you read the job description of this job? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you capable of performing, with or without a reasonable accommodation the essential functions of the job for which you have applied? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a Veteran of the U.S. Military? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDITIONAL INFORMATION: Use this space for any additional comments you wish to make or to clarify any of your previous answers. If you are enlarging a previous answer, be sure to identify the questions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IMPORTANT TERMS-READ CAREFULLY

I understand and agree that any employment I might be offered by Flint Hills Community Health Center is “at will” employment, which means my employment will be for no definite period of time and may be terminated at any time and for any reason. I understand and agree that only an official of Flint Hills Community Health Center has the authority to enter into any legally enforceable contract or to make any legally enforceable promise to an employee. Only written contracts or promises are enforceable. No statements of benefits or policy are an employment contract.

In exchange for the review and consideration of my application for employment, I agree that, unless otherwise provided by statute, upon request by Flint Hills Community Health Center, I will take medical examinations or tests which may include or constitute an alcohol or drug test, either prior to my employment or during my employment. The nature and timing of any examinations or tests will be solely the choice of Flint Hills Community Health Center, unless otherwise limited by applicable law, and such examinations or tests will be a condition of employment. I agree to the disclosure and release of all examinations and test results and any other relevant information to Flint Hills Community Health Center management for review. I further agree that if I refuse to take such examinations or tests, or if the results of such examination or tests are not satisfactory to Flint Hills Community Health Center, I will be disqualified from employment or continued employment. I further consent and agree that my person, property and automobile shall be subject to search while on Flint Hills Community Health Center premises.

I agree that if employed I will immediately report any discrimination, harassment, or retaliation against me to the Human Resources Manager who is responsible for my work location. I agree that if employed I will be discharged if I engage in any discrimination, harassment or retaliation.

I certify that the information in this application is true and complete. I authorize my former employers, references and other persons or entities identified in this application to release any and all information about me to Flint Hills Community Health Center. I further authorize Flint Hills Community Health Center to investigate the information in this application. I release Flint Hills Community Health Center and all former employers, references, investigations and other persons and entities from liability and damages that may result from furnishing information about me or from my rejection for employment. I understand and agree that any false or misleading information or any omission of information in this application and any other required documents may subject me to discharge from employment.

THIS APPLICATION REMAINS CURRENT FOR NINETY (90) DAYS. RE-APPLICATION IS REQUIRED THEREAFTER.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date