



PHELPS MEMORIAL HEALTH CENTER

Application for Employment

PERSONAL INFORMATION

Position(s) Applied for _____ Date of Application _____/_____/_____

Name _____
Last First Middle

Address _____
Street/Route City State Zip

Telephone (_____) _____ - _____ Email Address: _____

Date Available: ____/____/____ Employment: Full Time _____ Part Time _____ Per Diem/Registry _____

Are you under the age of 16? _____ Yes _____ No

If yes, are you able to furnish a work permit? _____ Yes _____ No

Have you been previously employed by PMHC? _____ Yes _____ No

If yes, when? _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

(Proof of US citizenship or immigration status is required prior to employment.)

Are you able to meet attendance expectations of the position? _____ Yes _____ No

How did you hear about PMHC? *(Please check all that apply.)*

____ www.PhelpsMemorial.com
____ Phelps Memorial Teammate _____
____ Newspaper (name of publication _____)
____ Radio Advertisement *(name of station)* _____
____ Online Search Engine *(please specify)* _____
____ Other *(please specify)* _____

GOALS AND OBJECTIVES

What are your goals and objectives?

How can the Phelps Memorial Team help you achieve your goals and objectives?

What else would you like us to know?

CHARACTER TRAITS:

EMPLOYMENT HISTORY

List employment, U.S. military experience, assignment, and volunteer activities beginning with the most recent.

Dates of Employment: ____/____/____-____/____/____	Employer:	Telephone:
City, State:		
Supervisor:	Job Responsibilities:	
Reason for leaving:		

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City, State:		
Supervisor:	Job Responsibilities:	
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Dates of Employment: ____/____/____-____/____/____	Employer:	Telephone:
City, State:		
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Dates of Employment:_____/____/____-____/____/____	Employer:	Telephone:
City, State:		
Supervisor:	Job Responsibilities:	
Reason for leaving:		

CURRENT LICENSE INFORMATION

Expiration Date: ____/____/____	License Type:	State:	License #:
Granted by (<i>licensing board</i>):			

Expiration Date: ____/____/____	License Type:	State:	License #:
Granted by (<i>licensing board</i>):			

EDUCATIONAL BACKGROUND – HIGHEST EDUCATION COMPLETED:

Name and Location	Last Grade or Number of Years Completed	Course of Study	Graduated
High School:			Yes / No
College:			Yes / No
Other (including special training/certification:			Yes / No

REFERENCES

		Telephone: (____)____-____
First Name	Last Name	
What is your relationship with this person?		
How long have you known this person?		<i>FOR OFFICE USE ONLY</i> Reference Checked by PMHC ____/____/____ Initials:

		Telephone: (____)____-____
First Name	Last Name	
What is your relationship with this person?		
How long have you known this person?		<i>FOR OFFICE USE ONLY</i> Reference Checked by PMHC ____/____/____ Initials:

		Telephone: (____)____-____
First Name	Last Name	
What is your relationship with this person?		
How long have you known this person?		<i>FOR OFFICE USE ONLY</i> Reference Checked by PMHC ____/____/____ Initials:

DECLARATION of APPLICANT

I understand and agree any misrepresentation in this application will be cause for termination of this application and/or employment, if I have been employed. Furthermore, I understand just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand no representative of the employer has the authority to make any assurances to the contrary. I agree, if offered employment, to comply with all PMHC policies and all applicable federal, state and local laws and regulations in effect during my employment.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Notice
I understand I am applying for a position at a tobacco-free facility, that does not permit smoking and the use of tobacco products in the building, on the grounds or parking areas of any owned/rented/leased property of Phelps Memorial Health Center beginning 11/17/05.

Signature of Applicant _____ Date ____/____/____

AN EQUAL OPPORTUNITY EMPLOYER



1215 Tibbals Street – Holdrege, NE 68949 – Phone 308.995.2211 – Fax 308.995.3388

CARE YOU DESERVE. EXPERTS YOU TRUST.

Resume' and cover letter may be attached. Return this form to Human Resources