

Columbus Women's Healthcare
4508 38th Street, Suite #260
Columbus, NE 68601-1668
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related matters.

Please read this carefully before filling out the application form.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request a background check, and I authorize the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read and understand, and by my signature consent to these statements. This application for employment will remain in effect for 6 months.

Signature _____ Date: _____

Personal Information

(Please Print)

Name (Full)	Last	First	Middle
Other Names Used: Include aliases, maiden and nick names			
Address			Apt. #
City		State	Zip
Phone (Home)		Phone (Work)	Social Security Number
Have you used any names or Social Security Numbers other than those given above? If yes, list here:			

Employment Information

Position(s) Applied For	Date of Application
Have you ever applied here before? [] Yes [] No If yes, when?	Were you ever employed here? [] Yes [] No If yes, when?
Are you currently employed? [] Yes [] No	May we contact your present employer? [] Yes [] No
Have you ever been fired from a job or asked to resign? [] Yes [] No	
If yes, please explain:	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? [] Yes [] No If yes, please explain:	
What category would you prefer? [] Full Time [] Part Time [] Temporary	On what date would you be available for work?
For which schedule are you available? [] Weekdays [] Weekends [] Evenings [] Nights [] Other	
*Have you ever been convicted of any law violation? [] Yes [] No (Include any plea of guilty or no contest. Exclude minor traffic violations.)*A conviction will not necessarily disqualify an applicant for employment	
If yes, give dates, court locations and sentence.	

Education

	Name and Location of School (Location should be name of City, State, Zip)	Date		Graduate Degree?	
		From	To		
High School					
College or University					
Other Training Or Schools					
What skills or additional training do you have that are related to the job for which you are applying?					
What machines or equipment can you operate that are related to the job for which you are applying?					

Residence History

Previous Address		
City/State/Zip	From	To
Previous Address		
City/State/Zip	From	To

Driving History

Do you currently have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type:	Lic./ID#	State	Other
List the states where you have had a license in the past five years:			
Have you had your driver's license suspended or revoked in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give please give details:			

References

Below, give the names of four persons not related to you whom you have known at least one year.	
1.	Phone #
2.	Phone #
3.	Phone #
4.	Phone #

Employment Experience

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.
 Note: a job offer may be contingent upon acceptable references from current and former employers.

Employer – current or last	Employment Dates		Hourly Rate/Salary	
Address	From	To	Start	Final
City/State/Zip	Phone Number			
Job title and Duties				
Supervisor	Name		Department	
Co-Worker	Name		Department	
Reason for Leaving				

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Address	From	To	Start	Final
City/State/Zip	Phone Number			
Job title and Duties				
Supervisor	Name		Department	
Co-Worker	Name		Department	
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