

Employment Application



Complete each applicable section. Enter "N/A" if item does not apply to you. Return completed application to:
 PrairieStar Health Center, Human Resource Department, 2700 E. 30th Ave, Hutchinson, KS 67502.
 Phone: 620-663-8484; Fax: 620-802-0690; email: resumes@prairiestarhealth.org

POSITION APPLIED FOR				APPLICATION DATE	
APPLICANT INFORMATION					
LAST NAME		FIRST		MIDDLE	
STREET ADDRESS				SOC SEC # (LAST 4 DIGITS) XXX-XX-	
CITY		STATE	ZIP CODE	PHONE #	
EMAIL ADDRESS				DATE AVAILABLE TO WORK	
TYPE OF EMPLOYMENT DESIRED: Full-time Part-time On-call				DESIRED SALARY	
Under what other name(s) have you been employed or attended school?					
Have you been previously employed by PSHC? Yes No Position/Dept.:				From To	
Reason For Leaving:					
Are you related to any current PSHC employee or member of the Board of Directors? Yes No				If yes, who	
Are you over the age of 18? Yes No		Are you legally eligible for employment in the US? Yes No			
Have you ever been discharged from employment?		Yes	No	If yes, explain	
Have you ever been found guilty, pled no contest, or had a conviction for any felony?		Yes	No	If yes, explain	
Have you ever been convicted of a crime which excludes you from federal health care programs?		Yes	No	If yes, explain	
Have you been sanctioned from Medicare or Medicaid for fraud or abuse?		Yes	No	If yes, explain	
EDUCATION AND TRAINING					
HIGH SCHOOL/GRADUATE EQUIVALENCY DIPLOMA					
SCHOOL NAME		CITY	STATE	ZIP CODE	GRADUATED? Yes No
COLLEGE/UNIVERSITY/PROFESSIONAL & TRADE SCHOOL - PLEASE START WITH THE MOST RECENT					
INSTITUTION NAME		DEGREE EARNED	COURSE OF STUDY	YEARS COMPLETED	GRADUATED? Yes No
STREET ADDRESS		CITY	STATE	ZIP CODE	
INSTITUTION NAME		DEGREE EARNED	COURSE OF STUDY	YEARS COMPLETED	GRADUATED? Yes No
STREET ADDRESS		CITY	STATE	ZIP CODE	
INSTITUTION NAME		DEGREE EARNED	COURSE OF STUDY	YEARS COMPLETED	GRADUATED? Yes No
STREET ADDRESS		CITY	STATE	ZIP CODE	
SPECIAL SKILLS/CERTIFICATION/LICENSURES					
Special knowledge, skills, and abilities to be considered - relevant to the position you are applying.					
10-key Medical Terminology List Other Skills:					
Microsoft Office Suite: Word Excel Outlook PowerPoint Publisher Computer Programs:					
TYPE OF CERTIFICATE/LICENSE		REGISTRATION NUMBER	EXPIRATION DATE	ISSUING STATE/AUTHORITY	
Are you licensed to practice in Kansas? Yes No					

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REFERENCES									
PLEASE LIST THREE PROFESSIONAL REFERENCES WHO ARE NOT RELATED TO YOU									
NAME			PHONE			EMAIL			
NAME			PHONE			EMAIL			
NAME			PHONE			EMAIL			
EMPLOYMENT HISTORY (List current or most recent employer first)									
EMPLOYER						STARTING/FINAL JOB TITLE			
EMPLOYER ADDRESS				CITY		STATE		ZIP CODE	
FROM:	Month	Year	STARTING SALARY			SUPERVISOR'S NAME			
			Hourly	Annually	\$				
TO:	Month	Year	ENDING SALARY			PHONE #			
			Hourly	Annually	\$				
JOB DUTIES						REASON FOR LEAVING			
EMPLOYER						STARTING/FINAL JOB TITLE			
EMPLOYER ADDRESS				CITY		STATE		ZIP CODE	
FROM:	Month	Year	STARTING SALARY			SUPERVISOR'S NAME			
			Hourly	Annually	\$				
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			Hourly	Annually	\$				
TO:	Month	Year	ENDING SALARY			PHONE #			
			Hourly	Annually	\$				
JOB DUTIES						REASON FOR LEAVING			
May we contact your present employer?						Yes		No	
Please explain any gaps in work history:									
APPLICANT STATEMENT									
I _____ hereby apply for employment with PrairieStar Health Center. I agree to conform to the rules, expectations, and regulations of PrairieStar Health Center. Employment with PrairieStar Health Center is 'at will', and I understand that PrairieStar Health Center or I may terminate my employment at any time, with or without cause or notice.									
I hereby authorize PrairieStar Health Center, its representative, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, educational institutions, credit bureaus, consumer reporting agencies, and law enforcement agencies. I release them and PSHC from any and all liability and responsibility by reason of their doing so.									
PrairieStar Health Center is an Equal Opportunity Employer. Federal, state and/or local law prohibits unlawful discrimination in employment practices because of race, color, religion, age, sex, national origin, sexual orientation, veteran status, or disability. No question on the application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, age, sex, national origin, sexual orientation, veteran status, or disability.									
I understand that any offer of employment will be contingent on the following: proof of eligibility for employment as required by the Immigration Reform and Control Act; satisfactory completion of a background and/or reference checks; satisfactory completion of a health assessment and drug and/or alcohol screening.									
I hereby acknowledge that the information provided on this Employment Application is true, complete and correct. I understand that if employed any false statements or any kind of omissions of facts called for on this application will be considered sufficient cause for dismissal if discovered at a later date. I understand that 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.									
Do not sign until you have read the above applicant statements. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.									
SIGNATURE						DATE			