



# Memorial

Health Care Systems  
Milford • Seward • Utica  
Nebraska

## Application for Employment

300 North Columbia Avenue – Seward, NE 68434 – Phone 402/646-4618 – Fax 402/646-4621 – www.mhcs.us

**IF YOU ARE APPLYING FOR POSITIONS AT DIFFERENT MEMORIAL HEALTH CARE SYSTEMS FACILITIES, YOU ONLY NEED TO COMPLETE ONE APPLICATION FORM**

We are an equal opportunity employer and do not unlawfully discriminate on the basis of race, color, religion, national origin, ancestry, marital status, age, gender, disability, genetic information, veteran status or any other protected status. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources, who will assist you.

Due to the patient care components associated with health care, it is an absolute requirement that individuals considered for employment can provide verifiable references that may include work history, education, copies of certifications and/or licensure. Along with these references, it will be required of the applicant to understand that any job offer from Memorial Health Care Systems will be contingent upon a criminal history background investigation and an investigation with the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registries. Applicants are not obligated to disclose any sealed criminal record. Further, the nature of health care employment involves dealing with patients' personal issues that are confidential in nature. It is necessary to have employees who have integrity and are committed to maintaining the confidentiality that is required in such an environment. Any employee who does not abide by the intent of this statement will be subject to dismissal.

**THIS APPLICATION WILL BE ACTIVE FOR THREE MONTHS. IF YOU ARE STILL INTERESTED IN A POSITION WITH MEMORIAL HEALTH CARE SYSTEMS AFTER THREE MONTHS YOU WILL NEED TO SUBMIT ANOTHER APPLICATION.**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for (a separate application does not need to be completed for each position you are applying for):  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Message #: ( ) \_\_\_\_\_ e-mail address: \_\_\_\_\_

Referral source:  Advertisement  Employee  Employment Agency  Relative  Walk-in  Job Hotline  
 Website  Other \_\_\_\_\_  Name of referral source: \_\_\_\_\_

Type of employment desired:  Regular  Temporary  Full-time  Part-time  PRN (as needed)

Shift preference:  Days  Evenings  Nights  No preference

Are you willing/available to work:  Weekends  Holidays  Rotating shifts

Date you will be available to start work: \_\_\_\_\_

Can you perform the essential functions of the job (s) for which you are applying, as you understand them, with or without reasonable accommodation?  Yes  No  
Are you able to meet the attendance requirements?  Yes  No  
Do you have any objection to working overtime if necessary?  Yes  No  
Can you travel if required by this position?  Yes  No  
Have you ever been previously employed by our organization?  Yes  No If "yes," which entity:

Sundermann Homes  Memorial Hospital  Milford Family Medical Center  
 Seward Family Medical Center  Utica Family Medical Center

Dates of employment: \_\_\_\_\_  
Can you submit proof of legal employment authorization and identity?  Yes  No

Are you over 18 years of age?  Yes  No If not, are you over 16 years of age?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

If you are presently employed, why do you wish to leave your present position: \_\_\_\_\_

**Employment History** *Please provide all employment information for your past and current employers, starting with the most recent (please use additional sheets if necessary). Explain any gaps in employment in the comments section below.*

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Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St: \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone #: \_\_\_\_\_ ( )

Immediate supervisor and title: \_\_\_\_\_

Dates employed (from – to): \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St: \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone #: \_\_\_\_\_ ( )

Immediate supervisor and title: \_\_\_\_\_

Dates employed (from – to): \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St: \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone #: \_\_\_\_\_ ( )

Immediate supervisor and title: \_\_\_\_\_

Dates employed (from – to): \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St: \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone #: \_\_\_\_\_ ( )

Immediate supervisor and title: \_\_\_\_\_

Dates employed (from – to): \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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**Comments (including gaps in employment):** \_\_\_\_\_

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**Additional skills and/or qualifications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational History** *List school name and location, years completed, course of study, and any degrees earned, starting with the most recent.*

<u>School (City, State, Zip)</u>	<u>Ph #: ( )</u>	<u>Years Completed</u>	<u>Degree/Diploma</u>	<u>Major</u>	<u>Minor</u>

Are you presently attending school or taking classes?  Yes  No If "yes," where are you enrolled and what course of study are you pursuing?: \_\_\_\_\_  
What is your estimated graduation date: \_\_\_\_\_

**Licensure/Certification** *If your profession requires registration, licensure or certification, please provide the necessary information.*

In your profession, are you currently:  Registered  Licensed  Certified  
If not, are you eligible for:  Registration  Licensure  Certification  
If registered, licensed or certified please indicate:

<u>Type</u>	<u>Issuing State</u>	<u>License Number</u>	<u>Expiration Date</u>

**References** *List three business/work references' names, addresses, phone numbers, and number of years known (do not include relatives or previous supervisors). If not applicable, list three school or personal references who are not related to you.*

<u>Name</u>	<u>Daytime Phone</u>	<u>City, State Zip Code</u>	<u>Years known</u>
	( )		
	( )		
	( )		

**Additional Information** *List professional, trade, business, or civic association memberships; accomplishments, awards, or publications. You may exclude information that reveals race, color, religion, national origin, marital status, age, gender, disability, or veteran status.*

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

I hereby authorize MHCS to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Memorial Health Care Systems.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within MHCS has the authority to make oral contracts of employment. If hired, my employment relationship with MHCS is terminable at-will, with or without cause, by either myself or MHCS.

I also understand that any offer of employment may be conditional upon my passing a post offer physical examination and drug/alcohol test administered by a health care professional selected by MHCS, to which I hereby consent.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions. I certify that all statements made by me on this application are complete to the best of my knowledge and I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

**Incomplete applications will not be considered.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**▼ ▼ For Memorial Health Care Systems Use Only ▼ ▼**

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Application Review:	<input type="checkbox"/> Interview	<input type="checkbox"/> No Interview	Name/Date: _____
	<input type="checkbox"/> Interview	<input type="checkbox"/> No Interview	_____
	<input type="checkbox"/> Interview	<input type="checkbox"/> No Interview	_____
	<input type="checkbox"/> Interview	<input type="checkbox"/> No Interview	_____
	<input type="checkbox"/> Interview	<input type="checkbox"/> No Interview	_____
	<input type="checkbox"/> Interview	<input type="checkbox"/> No Interview	_____

**In keeping with Memorial Health Care Systems intent to provide a safe and healthful work environment, all MHCS premises are considered 100% smoke-free. This policy applies equally to all visitors, employees, patients and residents.**