

**APPLICATION FOR EMPLOYMENT**  
**Niobrara Valley Hospital**  
**An Equal Opportunity Employer**

Instructions: Please print all information and complete every part of this application. If there is a question which does not apply to you, mark "N/A", do not leave any question unanswered. Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.

Position(s) applied for: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date you can start: \_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you Available:  Full-time  Part-time  Temporary

Please describe any work schedule limitations: \_\_\_\_\_  
\_\_\_\_\_

Have you been employed by us before?  No  Yes  
(If yes, state dates and jobs) \_\_\_\_\_  
\_\_\_\_\_

Have you applied for a job with us before?  No  Yes (State date) \_\_\_\_\_

Do you have relatives employed by us?  No  Yes, the following relatives: \_\_\_\_\_  
\_\_\_\_\_

Are you at least 18 years of age?  No  Yes

If not, are you at least 16 years of age?  No  Yes

Have you ever been convicted of a felony or of any crime relating to theft or dishonesty?  
 No  Yes, as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.**

Are you a citizen of the United States or specifically authorized to be employed in the United States?  Yes  No

**Note: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.**

Do you have a valid Nebraska driver's license?  Yes  No

### PRIOR EMPLOYMENT

List your last four jobs, beginning with the most recent. (Omit dates for jobs held more than five years ago)

1. Employer name/address/phone \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Salary/Bonus \_\_\_\_\_

What you liked most about job \_\_\_\_\_ What you liked least \_\_\_\_\_

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

2. Employer name/address/phone \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Salary/Bonus \_\_\_\_\_

What you liked most about job \_\_\_\_\_ What you liked least \_\_\_\_\_

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

3. Employer name/address/phone \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Salary/Bonus \_\_\_\_\_

What you liked most about job \_\_\_\_\_ What you liked least \_\_\_\_\_

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

4. Employer name/address/phone \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Salary/Bonus \_\_\_\_\_

What you liked most about job \_\_\_\_\_ What you liked least \_\_\_\_\_

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

### EDUCATION AND TRAINING

List high school, technical or trade school, college, and post graduate education if any:

	School/College	Level Completed	Degree	Major Subjects
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

### OTHER SKILLS

Describe any computer, office machine, tool or equipment skills and proficiency level: \_\_\_\_\_

\_\_\_\_\_

Describe any other special skills or qualifications which may help you in the position applied for: \_\_\_\_\_

\_\_\_\_\_

List all professional licenses or certificates held, including State, license or certificate type, date issued, And license or certificate number: \_\_\_\_\_

\_\_\_\_\_

List any relevant professional or business organizations to which you belong (Optional): \_\_\_\_\_

\_\_\_\_\_

### VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Honorable Discharge?  Yes  No

**Note: A less than honorable discharge will automatically disqualify you from employment.**

## REFERENCES

List three personal references other than prior employees or relatives, whom we can contact.

1. Name _____	Phone # _ (____) _____
How long known _____	Occupation _____
2. Name _____	Phone # _ (____) _____
How long known _____	Occupation _____
3. Name _____	Phone# _ (____) _____
How long known _____	Occupation _____

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## Niobrara Valley Hospital

\_\_\_\_\_  
Applicant Name

**By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Niobrara Valley Hospital to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Niobrara Valley Hospital with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.**

**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 Niobrara Valley Hospital has the authority to make oral contracts of employment. If hired, my employment relationship with Niobrara Valley Hospital is terminable at-will, with or without cause, by either myself or Niobrara Valley Hospital.**

**I also understand that my employment may be conditioned upon a favorable health evaluation including drug screening, which may include a medical examination by a physician selected by this employer, to which I hereby consent.**

**I understand and agree to all of the conditions and statements set forth above, and throughout this application.**

\_\_\_\_\_  
Signature