



# **BENNETT COUNTY HOSPITAL AND NURSING HOME**

**SERVING THE BENNETT COUNTY COMMUNITY'S HEALTHCARE NEEDS**  
PO Box 70      MARTIN, SOUTH DAKOTA    57551

TELEPHONE (605) 685-6622      FAX (605) 685-1664

## **EMPLOYMENT APPLICATION**

**NAME:** \_\_\_\_\_

**POSITION(S) APPLYING FOR:** \_\_\_\_\_



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## EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Salary	
Position Applied for				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain.				

### EDUCATION

High School	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

### PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

License or Certification	Organization or State Issued	Date Issued	Number

### REFERENCES

Please list three professional references.

Name & Relationship	Title	Company Name & Address	Telephone

**PREVIOUS EMPLOYMENT -- MOST RECENT FIRST**

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES  NO

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES  NO

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES  NO

Company		Phone (      )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES  NO

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain

## AVAILABILITY INFORMATION

Please indicate days and hours you are available to work (Be specific)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are you available to work:

Weekends YES  NO  Holidays YES  NO

Rotating Shifts YES  NO  On Call YES  NO

Do you limit your annual earnings due to Social Security or other reasons YES  NO

If yes, please state what is the maximum amount you wish to earn

\$

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment, activities, criminal background and drug test. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times, and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform. I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on the application form.

I understand that any job offer extended to me by this institution is contingent on passing a criminal background check and drug screen.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility of employment.

Signature

Date



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I understand that as a condition of my employment, a background check will be performed on me. A background check is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if I have a history of abuse/neglect. To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of an immoral crime.

I hereby authorize Bennett County Hospital and Nursing Home to perform a background check using my full name, date of birth and social security number.

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First Name

Middle Name

Last Name

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Social Security Number

Date of Birth

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Signature of Applicant/Employee

Date Signed