



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) 685-1166

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 <input type="checkbox"/> NO <input type="checkbox"/>	Holidays YES <input type="checkbox"/> NO <input type="checkbox"/>
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Rotating Shifts YES <input type="checkbox"/> NO <input type="checkbox"/>	On Call YES <input type="checkbox"/> NO <input type="checkbox"/>
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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, background checks, criminal and financial 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 background checks using my full name, date of birth and social security number.

1. I have complied with Section 604(b)(1) of the Fair Credit Reporting Act and that I have
 - a) Obtained a clear and conspicuous disclosure that had been made in writing to the consumer before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes
 - b) Obtained written authorization from the consumer in writing before the procurement of the report
2. I will comply with section 604(b)(3) "Conditions on use for adverse action" which includes but is not limited to the following provisions
 - a) Before taking any adverse action based in whole in part on the report, I will provide to the consumer to whom the reports relates
 - (i) A copy of the report; and
 - (ii) A copy of the Summary of Rights as prescribed by the CFPB under section 1681(c) (1) of the FCRA.
 - b) If I take adverse action on the employment application based in whole or in part on the consumer report, then I will provide to the consumer to whom the report relates
 - i. That adverse action has been taken based in whole or in part on a consumer report received from a consumer reporting agency



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- ii. The name, address and telephone number of the consumer reporting agency that furnished that consumer report (including a toll-free telephone number established by the agency if the agency compiles and maintains files on consumers on a nationwide basis);
 - iii. That the consumer reporting agency did not make the decision to take the adverse action and is unable to provide to the consumer the specific reasons why the adverse action was taken; and
 - iv. That the consumer may, upon providing proper identification, request a free copy of a report and may dispute with the consumer reporting agency the accuracy or completeness of any information in a report.
3. The information from the consumer report will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation
 4. I have received a copy of the summary of Rights prescribed by the CFPB under section 1681g(c) (1) of the FCRA.
 5. I will only use the report for a permissible purpose as specified by the FCRA, 15 U.S. Code § 1681b Fair Credit Reporting Act (FCRA) as amended.

First Name	Middle Name	Last Name
<hr/>		
Social Security Number	Date of Birth	
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Signature of Applicant/Employee	Date Signed	

