

ROCK COUNTY HOSPITAL

102 E SOUTH ST
BASSETT NE 68714
(402) 684-3366

RELEASE:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release any official copy of my transcript and if available, faculty appraisals.

Applicant's Signature

Date

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, handicap, age or sex. Any person who believes he or she has been discriminated against in this program should write to: Administrator, Food & Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302.

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CD
PERMANENT ADDRESS	CITY	STATE	ZIP CD
			TELEPHONE NO.
			TELEPHONE NO.

POSITION APPLYING FOR	SALARY DESIRED
HOW WERE YOU REFERRED TO THIS FACILITY?	ARE YOU APPLYING FOR FULL TIME _____ PART TIME _____ PERMANENT _____ TEMPORARY _____
RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES _____ NO _____ DEPARTMENT: _____	DATE AVAILABLE FOR WORK:
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? (WHEN?)	ARE YOU 18 YRS OLD OR YOUNGER? YES _____ NO _____
LONG RANGE OCCUPATIONAL GOALS:	WOULD YOU CONSIDER ANY SHIFT? YES _____ NO _____ WEEKENDS/HOLIDAYS YES _____ NO _____ ROTATING SHIFTS YES _____ NO _____ ON CALL YES _____ NO _____
ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? YES _____ NO _____ PLEASE INDICATE VISA TYPE OR OTHER IMMIGRATION STATUS IF APPLICABLE. VISA TYPE _____ OTHER _____	SHIFT PREFERENCE: 1ST _____ 2ND _____ 3RD _____
WERE YOU EVER CONVICTED OF A FELONY? YES _____ NO _____ IF YES, EXPLAIN:	
WERE YOU EVER SANCTIONED FOR A VIOLATION OF A COMPLIANCE ISSUE? YES _____ NO _____ IF YES, EXPLAIN:	

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH	_____		1 2 3 4	YES NO	
COLLEGE	_____		1 2 3 4	YES NO	
COLLEGE	_____		1 2 3 4	YES NO	

OTHER: Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)

AREA OF SPECIALIZATION FOR MAJOR INTEREST	TYPING: APPROX. WPM
	SHORTHAND: APPROX. WPM

LIST HEALTH CARE, BUSINESS OR INDUSTRIAL EQUIPMENT OPERATED:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY: ELIGIBLE FOR:	REGISTERED _____ REGISTRATION _____	LICENSED _____ LICENSURE _____	CERTIFIED _____ CERTIFICATION _____
TYPE	STATE ISSUED	DATE	NO
TYPE	STATE ISSUED	DATE	NO
TYPE	STATE ISSUED	DATE	NO

LANGUAGE SKILLS (where related to position sought)							
LANGUAGE	DO YOU?	SPEAK	FAIR _____ GOOD _____ FLUENT _____	READ	FAIR _____ GOOD _____ FLUENT _____	WRITE	FAIR _____ GOOD _____ FLUENT _____
LANGUAGE	DO YOU?	SPEAK	FAIR _____ GOOD _____ FLUENT _____	READ	FAIR _____ GOOD _____ FLUENT _____	WRITE	FAIR _____ GOOD _____ FLUENT _____

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY HOUR, MONTH OR YEAR
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
JOB TITLE: _____				
EMPLOYER NAME ADDRESS & PHONE: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.				

Can we run a detailed employment check, including but not limited to a check with your previous employers? YES ___ NO ___				
Please sign here to authorize reference check				

