ROCK COUNTY HOSPITAL

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

RELEASE:	
with them as may be requested, and also auth	ovide such information concerning my employment horize the Registar/Placement Office of all ny official copy of my transcript and if available,
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.

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LAST NAME	FIRST		MIDDLI	E		7	SOCIAL	SECURITY	NO.		
PRESENT ADDRESS	CITY		STATE	ZIP	CD		TELEPH	ONE NO.		12 1	
PERMANENT ADDRESS	CITY		STATE	ZIP	CD		TELEPH	ONE NO.			
POSITION APPLY	ING FOR		- 7-47				SALARY	DESIRED			
HOW WERE YOU	REFERRED TO THIS FACILITY?						FULL TI	J APPLYIN ME NENT		PART TIME TEMPORAL	
	OR FRIENDS EMPLOYED IN THIS F	ACILITY?						/AILABLE		K:	
	BEEN EMPLOYED BY THIS FACILITY		YOU 18 YRS OL YOUNGER? YE		NO		ANY SHI	YOU CON FT? IDS/HOLI		YES	
LONG RANGE OC	CUPATIONAL GOALS:						ROTATIN ON CAL	IG SHIFTS		A	NO NO
STATUS? YES PLEASE INDICATE V	ITED FROM LAWFUL EMPLOYMENT NO /ISA TYPE OR OTHER IMMIGRATION ST/	ATUS IF APPLICAE	ILE, VISA TYPE				SHIFT P	REFEREN	CE: 1S 2N 3F	ID	
WERE YOU EVER	CONVICTED OF A FELONY? YES	NO	IF YES,	EXPLAIN:							
WERE YOU EVER	SANCTIONED FOR A VIOLATION OF	A COMPLIANCE	ISSUE? YES		10		IF YES,	EXPLAIN:			
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SCH00L	NAME AND ADDRESS OF SO	CHOOL	COURSE OF STU	JDY		ECK LAS YEAR MPLETE		DID Y GRADU	5000000	LIST DIPLOMA OR DEGREE	
HIGH	·				1	2 3	4	YES	NO		
COLLEGE	5		ć		1	2 3	4	YES	NO		
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OTHER: Business	College, Other Special Courses (Inc	lude Special Mil	itary Training, Po	st Gradua	ite and	Nursing)	*			
AREA OF SPECIAL	IZATION FOR MAJOR INTEREST			ING: API							
LIST HEALTH CAR	E, BUSINESS OR INDUSTRIAL EQUI	PMENT OPERAT		<u>ORTHAND</u>	: APPI	KOX. WP	<u>IVI</u>				
PROFESSIONAL	LICENSES AND/OR CERTIFICAT	IONS									
ARE YOU CURREN ELIGIBLE	50 to 1 to	_	LICENSED LICENSURE			CERTIF	TED TCATION				
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TYPE		STATE ISSUED			DATE			NO			
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	REASON FOR LEAVING:				
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		YES		Disease size base to authorize reference	wheel

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Did you serve in the U.S. Ar	med Services?	Yes	No	What Branch?	
Have you volunteered your	time or services?	Yes	No	Where?	
Briefly describe duties and	skills acquired throu	igh volunteer	or military servi	ce: (include dates)	
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LIST AT LEAST 3 REFERENCE					
NAME AND R	ELATIONSHIF)	TITLE	COMPANY NAME <u>& ADDRESS</u>	TELEPHONE
					
 					
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MAKE ANY COMMENTS Y	OU FEEL ARE PER III	NENT TO YOU	JR APPLICATION	N	
				true and correct and I authorize personnel rep	
facility to contact any of n collecting information and				unless otherwise stated. This is to be done for	or the purposes of
I understand that if I an	n employed, any misi	representation	n of the facts as	stated or implied on this application form is s	
dismissar. Talso understa does not bind either party	_			te a medical examination before employment.	. This agreement
Date		\$	Signature		_
					
			SUPERVIS	OR'S USE ONLY!!!	
ı	ALL REFEREN	CE CHEC	KS MUST	BE COMPLETED PRIOR TO EM	PLOYMENT
REFERENCES CHECKED					
BY WHOM:	REFERENCE #1	DATE		REFERENCE #2 DATE	REFERENCE #3 DATE
PERSONNEL NOTES (the	se notes are open to	inspection - p	please keep info	ermation factual)	
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