



WILSON MEDICAL CENTER

FAST HEALTH
Online Hiring

Secure Application for Employment

HR7940 Rev 07/02

Cherryvale Family Medicine | Independence Family Medicine | Neodesha Family Medicine

Human Resources
2600 Ottawa Road
Neodesha, KS 66757

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

email: ldcan@wmccr.org

Date 30 Mar 2022

This application can be active as long as legally required.

Last Name		First Name		Middle Initial	Are You At Least 18 Years Old? Yes ▼	Last 4-digits of Social Security Number	Home Phone And Cell Phone
Present Address				Present City	Present State	Present Zip Code	E-Mail Address
Previous Address				Previous City	Previous State	Previous Zip	
Current Open Position(s) for Which You Are Applying ▼ ▼ ▼					Type of Position <input type="checkbox"/> Per Diem <input type="checkbox"/> Pool <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Shift <input type="checkbox"/> Weekend <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Rotation
Salary Requirement \$	Are You Willing To Travel? Yes ▼	Are You Willing To Relocate? Yes ▼	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes ▼				
If overtime work is required periodically, does this pose a problem for you? No ▼				Date Available For Work	Are You Legally Authorized to Work in the U.S.? Yes ▼		
Have you ever worked in this facility? No ▼		If yes, what facility?			Are you related to another facility employee? No ▼		
How did you learn about this position? <input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Current Employee - Name <input type="checkbox"/> Other:			<input type="checkbox"/> Internet <input type="checkbox"/> Ad <input type="checkbox"/> School <input type="checkbox"/> Job Line		Are you able to perform the essential, job related functions of the position for which you are applying with or without reasonable accommodations? Yes ▼ Describe any accommodations necessary: Are you presently charged with any violation of the law? No ▼ If yes, give date, place and nature of each such event: Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program? No ▼		

Educational History

Type of School	Name of School City, State	Check Last Year Attended in School	Degree or Certificate
High School	School: City: State:	<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 Graduated/GED? No ▼	Degree:
College	School: City: State:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Graduated? n/a ▼	Degree:
College	School: City: State:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Graduated? n/a ▼	Degree:
Graduate School	School: City: State:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Graduated? n/a ▼	Degree:

Other	School: City: State:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Graduated? n/a ▼	Degree:
Other	School: City: State:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Graduated? n/a ▼	Degree:
<p>List any professional licenses, registration or certification you possess (Include only the last 4 digits of your Driver's License, if applicable) Include Type, State Issued, Expiration Date and Number. Indicate if any licenses have been revoked, suspended or placed on probation. Also indicate if you are ineligible to become licensed or certified in your field. Please explain.</p>		<p>Clerical or other skills applicable to the position for which you are applying</p> <p><input type="checkbox"/> Typing (WPM) <input type="checkbox"/> PBX</p> <p><input type="checkbox"/> Proficient in Software:</p> <p><input type="checkbox"/> Business machines and/or equipment you can operate:</p> <p><input type="checkbox"/> Other</p>	

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Work History

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Current or Most Recent	From (MM/YYYY) Mo. Yr.	To (MM/YYYY) Mo. Yr.	Company	Phone No.	Immediate Supervisor
	Salary \$	Address		May we contact them? Yes ▾	Name while employed
	Job Title			<input type="radio"/> PRN <input type="radio"/> Full-Time <input type="radio"/> Part-Time # Hrs/Week	Reason For Leaving
	Nature of Duties				

1st Previous	From (MM/YYYY) Mo. Yr.	To (MM/YYYY) Mo. Yr.	Company	Phone No.	Immediate Supervisor
	Salary \$	Address			Name while employed
	Job Title			<input type="radio"/> PRN <input type="radio"/> Full-Time <input type="radio"/> Part-Time # Hrs/Week	Reason For Leaving
	Nature of Duties				

2nd Previous	From (MM/YYYY) Mo. Yr.	To (MM/YYYY) Mo. Yr.	Company	Phone No.	Immediate Supervisor
	Salary \$	Address			Name while employed
	Job Title			<input type="radio"/> PRN <input type="radio"/> Full-Time <input type="radio"/> Part-Time # Hrs/Week	Reason For Leaving
	Nature of Duties				

3rd Previous	From (MM/YYYY) Mo. Yr.	To (MM/YYYY) Mo. Yr.	Company	Phone No.	Immediate Supervisor
	Salary \$	Address			Name while employed
	Job Title			<input type="radio"/> PRN <input type="radio"/> Full-Time <input type="radio"/> Part-Time # Hrs/Week	Reason For Leaving
	Nature of Duties				

Professional References (Other than Relatives) Give references who have good knowledge of your work.				
Name	Position	Address (Include City/State)	Phone - Work/Home	Number of Years known

<p>Please Review and Acknowledge That You Understand The Following. In making application for employment: * I certify that the information in this application is true and complete for all practical purposes. It may be verified by the</p>	<p>I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.</p>	<p>*I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT</p>
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facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

* I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

* I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.

* Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.

ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.

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 an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment, employment or termination of employment with the employer *exclusively* by final and binding *arbitration* and before a neutral Arbitrator and in accordance with the rules and procedures for employment disputes adopted by the employer. Such claims shall include those that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Family and Medical Leave Act, state civil rights acts, the law of contract and the law of tort.

I have read and understand these conditions of employment. Yes

Applicant's full name

Date Prepared
30 Mar 2022

By clicking the "Forward to Addendum" button below, I agree that all of the preceding questions are answered truthfully and to the best of my abilities.

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Name: Laura dean

Application Addendum

1. Have you ever been convicted of a crime, had adjudication of a crime withheld, or pled nolo contendere to a crime?
No If yes, please state the circumstances with regard to each.

2. Have you been arrested for any crime that had not been adjudicated?
No If yes, please state the circumstances and current status of each arrest.

3. Have you ever committed a crime for which you were not arrested or convicted?
No If yes, please state the circumstances.

4. Have you ever been a defendant in a civil action for intentional tort? Intentional tort commonly refers to examples, such as assault, battery, and false imprisonment:
No If yes, please state the circumstances.

Submit this Addendum

*** Note: Answering "Yes" to any of these questions may not necessarily disqualify you from the position desired. Each action and explanation will be weighted / considered in relationship to the position for which you are applying.**

HRDATA\FORMS\APPLKT\ADDENDUM

