

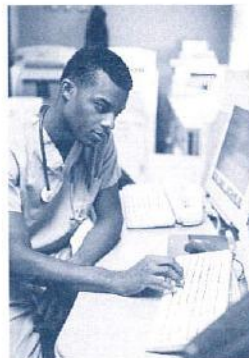
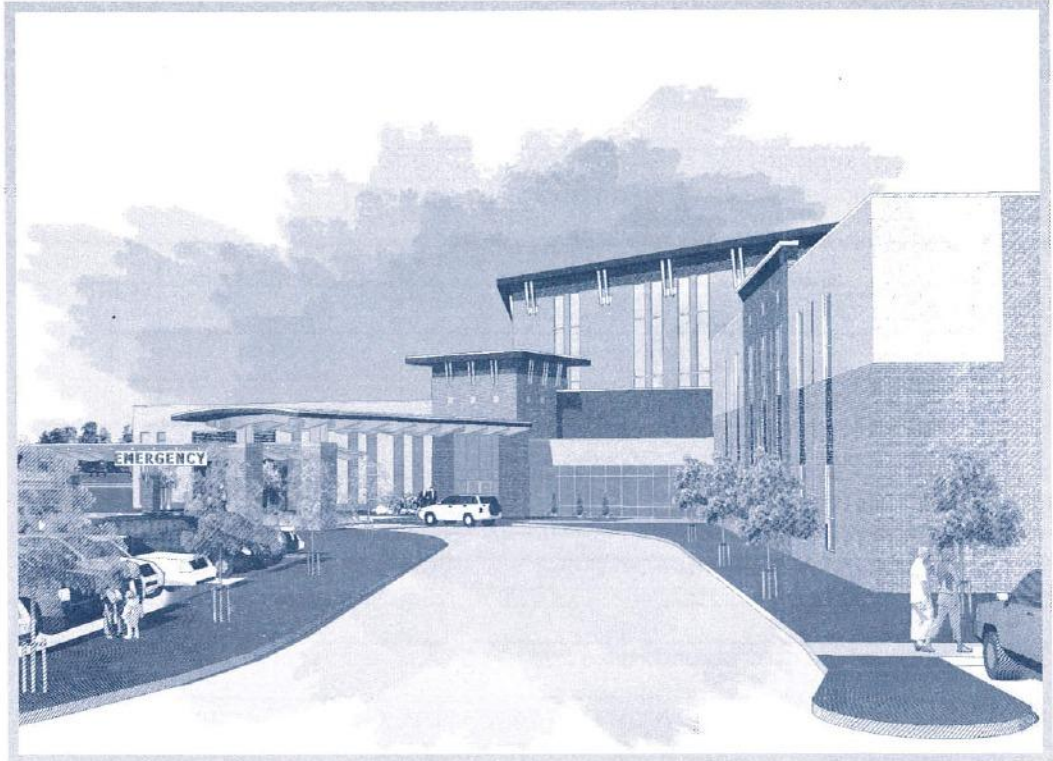


SOUTHWEST MEDICAL CENTER

a regional medical center

employment application

An Equal Opportunity Employer.
We comply with all applicable state and federal
civil rights and equal employment laws and regulations.



SOUTHWEST MEDICAL CENTER

P.O. BOX 1340 • LIBERAL, KANSAS 67905

NAME/Last, First, Middle _____

Position _____

Date _____

PERSONAL

EMAIL ADDRESS				DATE					
LAST NAME		FIRST		MIDDLE		SOCIAL SECURITY NO.			
TELEPHONE NO.									
PRESENT ADDRESS				CITY		STATE		ZIP CODE	
ARE YOU APPLYING FOR Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/>									
STATE NAME(S) OF ANY RELATIVE(S) OR FRIEND(S) IN OUR EMPLOY, YOUR RELATIONSHIP TO THEM:									
DATE AVAILABLE FOR WORK:									
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? (WHEN?)									
WOULD YOU CONSIDER WORKING: WEEKENDS & HOLIDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO ROTATING SHIFTS <input type="checkbox"/> YES <input type="checkbox"/> NO ON CALL <input type="checkbox"/> YES <input type="checkbox"/> NO ANY SHIFT <input type="checkbox"/> YES <input type="checkbox"/> NO									
ARE YOU AUTHORIZED TO WORK FOR ALL EMPLOYERS IN THE UNITED STATES ON A FULL-TIME BASIS, OR ONLY FOR YOUR CURRENT EMPLOYER? <input type="checkbox"/> ALL EMPLOYERS <input type="checkbox"/> CURRENT EMPLOYER ONLY									
HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE THE NATURE OF OFFENSE, WHEN, WHERE AND DISPOSITION.									
SHIFT PREFERENCE: DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/>									
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION IN WHICH YOU HAVE APPLIED, WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO									

EDUCATION

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	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

PROFESSIONAL LICENSE AND/OR CERTIFICATIONS

ARE YOU CURRENTLY ELIGIBLE FOR: REGISTERED LICENSURE CERTIFIED CERTIFICATION

IF LICENSED REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.
	TYPE	STATE ISSUED	DATE	NO.

LANGUAGE SKILLS

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

PERSONAL REFERENCES:

LIST 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST.

JOB TITLE: _____	FROM: _____	TO: _____	IMMEDIATE SUPERVISOR: _____
EMPLOYER NAME: _____	PHONE: _____		
ADDRESS: _____			
DUTIES: _____			
			SALARY / WAGE
REASON FOR LEAVING: _____			

JOB TITLE: _____	FROM: _____	TO: _____	IMMEDIATE SUPERVISOR: _____
EMPLOYER NAME: _____	PHONE: _____		
ADDRESS: _____			
DUTIES: _____			
			SALARY / WAGE
REASON FOR LEAVING: _____			

JOB TITLE: _____	FROM: _____	TO: _____	IMMEDIATE SUPERVISOR: _____
EMPLOYER NAME: _____	PHONE: _____		
ADDRESS: _____			
DUTIES: _____			
			SALARY / WAGE
REASON FOR LEAVING: _____			

JOB TITLE: _____	FROM: _____	TO: _____	IMMEDIATE SUPERVISOR: _____
EMPLOYER NAME: _____	PHONE: _____		
ADDRESS: _____			
DUTIES: _____			
			SALARY / WAGE
REASON FOR LEAVING: _____			

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand that I may be required to satisfactorily complete an alcohol/drug screening as a condition of employment or continued employment.

I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I further understand that this is not an employment agreement and that no one, other than the CEO or any Vice President acting at his or her direction, has any authority to enter into any agreement for employment for any specified period of time and/or to make any agreement contrary to the foregoing.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

DATE _____ SIGNATURE _____

APPLICANT: Complete information to this point and sign **ONLY** on signature line under Release of Information for References on top of page 4.

*****FOR HUMAN RESOURCES OFFICE USE ONLY *****

STARTING DATE	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	INTERVIEWER'S SIGNATURE	
DEPARTMENT	COST CENTER	SIGNATURE	
POSITION/JOB TITLE	SHIFT	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> ON CALL STATUS <input type="checkbox"/> ROTATION
STARTING SALARY/GRADE	DIFFERENTIAL	EXPERIENCE	<input type="checkbox"/> PRN <input type="checkbox"/> TEMP EMPLOYEE NUMBER
REMARKS: _____			

REFERENCE PAGE
SOUTHWEST MEDICAL CENTER

Post Office Box 1340
LIBERAL, KANSAS 67905
Telephone (620) 624-1651

RELEASE OF INFORMATION:

I hereby request and authorize you to release to SOUTHWEST MEDICAL CENTER all information contained in your records and requested by them, whether such information be a part of my employment record or otherwise, and in consideration whereof I do hereby release and discharge _____ the employees and agents, from any liability, claim, damage or cause of action which may arise directly or indirectly from or out of their compliance with this request. A photocopy of this authorization shall serve the same purpose as the original.

DATE _____

SIGNATURE _____

TO BE COMPLETED BY EMPLOYER

Date: _____

Re: _____

Other names by which former employers would know applicant: _____

Position Desired: _____

The above named individual is seeking employment with our firm and has given your name as a reference. We would appreciate the following information, which will be held strictly confidential. Your earliest consideration will be appreciated.

Personnel Director

Period of employment from _____ to _____

Duties and responsibilities _____

How was job performance? _____

How was personal hygiene and appearance? _____

How was dependability and reliability? _____

Cooperativeness with superiors and co-workers? _____

Disposition and character? _____

Reason for leaving? _____

Would you rehire? _____ If not, why? _____

Date _____ Signature _____ Title _____



15th at Pershing
P.O. Box 4540
Liberal, Kansas 67905
(620) 225-1631
(620) 629-2472 Fax

Standards of Behavior

The staff of Southwest Medical Center are pleased you have chosen to work at our facility. As a part of our team, we believe you need to know the standards of behavior that are expected of all staff at Southwest Medical Center. These standards of behavior have been developed by the employees of Southwest Medical Center for the employees of Southwest Medical Center; with the goal of promoting service excellence. What does this mean for you? It means as you provide services to patients, your co-workers, and physicians; you do so with the knowledge that the standards of behavior in this document are to be followed:

COMMUNICATION:

Good communication is the foundation of positive customer service. At Southwest Medical Center I will demonstrate our commitment to communication by:

- Managing conflict while maintaining dignity and respect for others;
- Avoiding discussions about staffing or other work issues with patients, families, visitors, or physicians;
- Listening openly and acknowledging others' ideas and concerns;
- Utilizing the AIDET tool when interacting with patients, families, co-workers, and physicians;
- Giving directions or offering to escort and assist customers to their destination;
- Educating patients / families on everything that is being done to them.

ATTITUDE:

I will treat others as I would like to be treated by:

- Smiling, being friendly, helpful and sincere;
- Showing a professional, positive attitude and courtesy;
- Keeping personal problems outside the workplace;
- Creating and participating in a team environment where honest feedback is seen as valuable and not criticism.

APPEARANCE:

I will take pride in my appearance by:

- Practicing good hygiene;
- Adhering to the facility Dress Code Policy;
- Displaying positive body language;
- Wearing Identification Badge at all times.

OWNERSHIP:

We at Southwest Medical Center believe in taking pride in what we do. I understand that I am the reputation and image of Southwest Medical Center. I will accomplish ownership by:

- Doing the right thing;
- Taking accountability for my actions;
- Fulfilling my job responsibilities (Adhering to department and medical center policies such as smoking, attendance, dress code, and breaks);
- Continuously improving what I do, both professionally and personally;
- Being fiscally responsible for my time, space, supplies, and equipment;
- Looking beyond my assigned tasks;
- Remembering my environment is part of Southwest Medical Center's appearance (clean up after myself; pick up litter; clean my work area before the end of my shift; return all equipment to its proper place).

PRIVACY / RESPECT:

I will demonstrate privacy and respect for our patients / customers by:

- Protecting patient's privacy and dignity by not discussing our customers in public areas; by interviewing customers in private; by closing doors / curtains when indicated;
- Respecting diversity by treating everyone with fairness and equality;
- Praising and thanking co-workers publicly, while offering constructive criticism privately.

SAFETY:

Safety is a priority at Southwest Medical Center. Safety is everyone's responsibility. I will contribute by:

- Making sure our patients / visitors / co-workers / physicians are safe;
- Following all procedures and utilizing all safety devices available;
- Reporting and / or correcting safety hazards.

Team Member Print Name: _____ Date: _____

Team Member Signature: _____