

Please return in person, fax or email:  
[ifox@bluevalleyhealthcare.com](mailto:ifox@bluevalleyhealthcare.com)  
 FAX: (785) 363-7620 | PH: (785) 363-7777  
 710 Western Ave | Blue Rapids, KS 66411



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

### EMPLOYMENT DESIRED

<u>1<sup>st</sup> Choice</u>	<u>Shift</u>	<u>Salary</u>
<u>2<sup>nd</sup> Choice</u>	<u>Shift</u>	<u>Salary</u>
Full-time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	<u>Date available</u>	

### EDUCATION/TRAINING

SCHOOL	NAME	DID YOU GRADUATE?	DIPLOMA/DEGREE RECEIVED
High School			
College			
Other			

### PROFESSIONAL LICENSES/CERTIFICATIONS

<u>Type</u>	<u>State Issued</u>	<u>Date Issued</u>
<u>Type</u>	<u>State Issued</u>	<u>Date Issued</u>
<u>Type</u>	<u>State Issued</u>	<u>Date Issued</u>

### REFERENCES-LIST THREE WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

NAME & RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	PHONE

### EMPLOYMENT HISTORY-LIST CURRENT/MOST RECENT EMPLOYER FIRST

<u>Company Name</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Phone</u>
<u>Position</u>	<u>Supervisor Name</u> <u>May we contact?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Job Description/Responsibilities</u>	
<u>Company Name</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Phone</u>
<u>Position</u>	<u>Supervisor Name</u> <u>May we contact?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Job Description/Responsibilities</u>	
<u>Company Name</u>	<u>Dates Employed</u>
<u>Address</u>	<u>Phone</u>
<u>Position</u>	<u>Supervisor Name</u> <u>May we contact?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Job Description/Responsibilities</u>	

**AVAILABILITY-PLEASE LIST DAYS & HOURS AVAILABLE FOR WORK**

<b>SUN</b>	From: A.M.	To: A.M.	<b>Are you available to work:</b>
	From: P.M.	To: P.M.	
<b>MON</b>	From: A.M.	To: A.M.	Weekends <input type="checkbox"/> Holidays <input type="checkbox"/>
	From: P.M.	To: P.M.	Rotating Shifts <input type="checkbox"/> On-Call <input type="checkbox"/>
<b>TUE</b>	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	
<b>WED</b>	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	
<b>THU</b>	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	
<b>FRI</b>	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	
<b>SAT</b>	From: A.M.	To: A.M.	
	From: P.M.	To: P.M.	

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# Criminal Background Check Authorization

By action of Kansas State Legislation effective July 1, 1998 all Kansas nursing homes, assisted living facilities and home health agencies must conduct a criminal background check. The criminal background check law describes certain offences, which disqualifies a person from employment if the employee has been convicted of specific prohibited offence. Effected persons all employees except individuals who presently work for the facility and are licensed or registered by a state agency to provide professional services. In addition persons who have been employed by the same adult care home for five (5) consecutive years immediately prior to July 1, 1997, shall not be required to have the background check, or if an individual has been subject to a background check within one (1) year prior to the application for employment.

With the acceptance of employment the applicant authorizes Blue Valley Health Care to complete a background check, therefore employment is conditional pending the results of this background check.

I, \_\_\_\_\_ reviewed and understand the criminal background check information above and its effect on my continuous employment with Blue Valley Health Care.

\_\_\_\_\_  
Signature, Prospective Employee

\_\_\_\_\_  
Date

Applicant information: ALL REQUESTED INFORMATION MUST BE PROVIDED or the form will not be processed.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

OTHER NAMES EVER USED: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_