



APPLICATION FOR EMPLOYMENT

KANSAS SPINE & SPECIALTY HOSPITAL, LLC

Date: _____

Kansas Spine & Specialty Hospital, LLC is an equal opportunity employer; we do not discriminate in hiring, promoting or any other aspect of employment because of race, creed, color, religion, gender, marital status, age, sexual orientation, national origin, veteran status, disability or any other basis prohibited by law.

Kansas Spine & Specialty Hospital, LLC does not hire nicotine/tobacco users. All job offers will be conditional upon successful completion of a nicotine screening as part of the drug screen process.

PERSONAL INFORMATION				<i>Please Print Legibly</i>	
Name:			Home Telephone		
Last	First	Middle	()		
Address:					
		City	State	Zip Code	
Alternate Phone Number:		Salary expected:	Date available to begin employment:		
Position(s) you are applying for:					
1.	2.	3.			
Are you presently employed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer:		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously applied for a position or worked for Kansas Spine & Specialty Hospital:					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of breaking any federal, state, county or municipal law, regulation or ordinance? <i>(Conviction will not necessarily disqualify you for employment)</i> Do not include minor traffic violations.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain:					
Are you legally eligible for employment in the United States: (NOTE: Verification of your employment eligibility will be required.)					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
How were you referred to us? <input type="checkbox"/> Walk-in <input type="checkbox"/> Answered Ad <input type="checkbox"/> Friend (Name: _____)					
<input type="checkbox"/> KSSH Website <input type="checkbox"/> Agency (Name: _____) <input type="checkbox"/> Other (_____)					
Do you have any relatives presently employed at Kansas Spine & Specialty Hospital:					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list name(s): _____					
What type of work are you applying: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary					
If seeking part-time employment, please specify the number of days you will be available to work each week: _____					
Specify the maximum amount of hours you will be available to work each week: _____					
Are you available to work: (Check all that apply)					
<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays					
EDUCATION					
Type Of School	Name and Address of School	Area of Concentration or Major / Minor	Did you graduate?	Degree Received	
High School					
Vocational					
College					
Other					

SKILLS AND TRAINING

List any business, computer software, or industrial equipment operated:

For Clerical Positions Only:

Typing: Yes No Approximate WPM: _____ Specify equipment: _____
10 Key: Yes No Approximate WPM: _____ Specify equipment: _____

PROFESSIONAL LICENSES AND CERTIFICATIONS *(As applicable)*

Are you currently: Registered Licensed Certified
Are you eligible for: Registration Licensure Certification

TYPE:	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRATION DATE
TYPE:	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRATION DATE

EMPLOYMENT HISTORY

Beginning with your current or most recent employer, list the last four positions of employment held in date order:

POSITION OF EMPLOYMENT

NAME OF EMPLOYER:	POSITION:		
ADDRESS:			
EMPLOYED FROM:	TO:	SALARY:	PER:
SUPERVISOR'S NAME:	PHONE:		
KEY JOB DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

POSITION OF EMPLOYMENT

NAME OF EMPLOYER:	POSITION:		
ADDRESS:			
EMPLOYED FROM:	TO:	SALARY:	PER:
SUPERVISOR'S NAME:	PHONE:		
KEY JOB DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

Kansas Spine & Specialty Hospital, LLC ■ 3333 N. Webb Road ■ Wichita, KS ■ 67226.8123 ■ (316) 462.5000

POSITION OF EMPLOYMENT			
NAME OF EMPLOYER:		POSITION:	
ADDRESS:			
EMPLOYED FROM:	TO:	SALARY:	PER:
SUPERVISOR'S NAME:		PHONE:	
KEY JOB DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

POSITION OF EMPLOYMENT			
NAME OF EMPLOYER:		POSITION:	
ADDRESS:			
EMPLOYED FROM:	TO:	SALARY:	PER:
SUPERVISOR'S NAME:		PHONE:	
KEY JOB DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

BUSINESS REFERENCES			
<i>Please Include three business/professional references</i>			
Name	Address/City/State/Zip Code	Telephone	Relationship and Years Acquainted

I authorize investigations of all statements contained in this application and the references listed to provide any and all information concerning my previous employment and any pertinent information they may have concerning me. I release all persons and Kansas Spine & Specialty Hospital, LLC from all liability for any damage whatsoever that may result from providing or obtaining same information.

I understand that the extension of all job offers are conditional upon successful completion of a physical, drug screen and background check, per Fair Credit Reporting Act (FCRA) guidelines. I also understand that the extension of all job offers are conditional upon successful completion of a nicotine screen.

I agree to conform to the policies and procedures of the Kansas Spine & Specialty Hospital, LLC and understand that Kansas Spine & Specialty Hospital, LLC or its employees have a right to freely enter into the employment relationship and sever this relationship at any time for any reason. I understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Kansas Spine & Specialty Hospital, LLC.

I certify that I am not a nicotine user and that all the information submitted by me in this application is true and complete to the best of my knowledge. I understand that Kansas Spine & Specialty Hospital, LLC shall not be liable in any respect if my application is denied or my employment is terminated at any time because of any false information, omissions, or misrepresentations of facts made by me on this application.

_____ Date
 _____ Signature