



**723 PCA Road
Warrensburg, MO 64093**

EMPLOYMENT APPLICATION

Johnson County Community Health Services is an Equal Opportunity Employer, we do not discriminate based on race, national origin, religion, age, sex, color or physical disability. This application is designed to obtain an applicant's skills, knowledge and abilities based on specific job requirements.

General Information:

Name: Last	First	Middle Initial	Phone Number ()
Address: Street	City/State		Zip
Email Address:		Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Position:

Position of Interest:	Salary Desired:	Date Available:
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Education and Training:

High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No

College, Business School, Military (Most Recent First):

Name and Location	Dates Attended	Degree Type
	From:	
	To:	
	From:	
	To:	
	From:	
	To:	

Credentials/License/Certification:

Type of Credentials/License/Certification	Number	Where Issued	Expiration Date

Skills:

Special Skills: Microsoft Office (i.e. Word, Excel) <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:

Employment History (Most recent first):

Employer Name and Address:	Position Title and Duties	Dates Employed <small>Check if currently employed</small>
		To:
		From:
May we contact? ___ Yes ___ No		Reason for Leaving:
Supervisor:	Last Rate of Pay:	Hours Per Week:

Employer Name and Address:	Position Title and Duties	Dates Employed
		To:
		From:
May we contact? ___ Yes ___ No		Reason for Leaving:
Supervisor:	Last Rate of Pay:	Hours Per Week:

Employer Name and Address:	Position Title and Duties	Dates Employed
		To:
		From:
May we contact? ___ Yes ___ No		Reason for Leaving:
Supervisor:	Last Rate of Pay:	Hours Per Week:

Miscellaneous:

Have you ever been employed at JCCHS? If yes, when?	___ Yes ___ No
Do you have relatives employed at JCCHS? If yes, what is their relationship?	___ Yes ___ No
Do you have a valid driver's license?	___ Yes ___ No
Do you have any restrictions to operate a motor vehicle?	___ Yes ___ No

References:

Give Names of Three Persons, Preferably Business or Professional, as References (Not Relatives)

Full Name	Street City State and Phone	Occupation or Business

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

By typing your full name above, you are electronically signing this agreement.