



Employment Application

Ability KC is an equal opportunity employer and committed to a diverse work force.

Name	Last	First	Middle Initial
Address Street		Social Security Number / /	
City	State	Zip	Phone Number Home () Mobile ()
E-mail Address		Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other names under which you may have been employed:			

Proof of U.S. citizenship or INS Employment Authorization will be required upon employment.

Do you have any relatives employed with us? No Yes **If yes, who?** _____

Relationship: _____

Department: _____

TYPE OF POSITION DESIRED

Check all applicable availability Complete the Following: Position(s) applying for:

Weekends Date Available: Part-time Full-time On Call/PRN

Salary Required: _____

Temporary Desired Number of Hours, Weekly: _____

What shift(s) will you work? _____

Any Evenings Days Nights

Can you work weekends? No Yes Can you work Holidays? No Yes

In addition, it is required that you be at work when scheduled and work your entire shift. Will you be able to meet these requirements? No Yes

Have you lived outside of Missouri in the past 5 years? No Yes – if yes,

List all State(s) _____

EMPLOYMENT EXPERIENCE

List all places of employment including temporary, full-time, part-time employment within the last 10 years and list voluntary activities. Begin with most recent employer.

PRESENT EMPLOYMENT (OR LAST JOB) (List multiple jobs with same employer separately)

Employer (current or most recent employer)	Address		Telephone Number ()	Dates Employed	
	City	State		From	To
				Month/Year	Month/Year
Job Title	Dates Employed in Job Title		Describe Job Duties		
	From	To			
	Month/Year	Month/Year			
Supervisor					
Work Status (FT,PT,OC,PRN)					
Reason for Leaving			If currently employed, may we contact this employer? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

PREVIOUS EMPLOYMENT (OR LAST JOB)

Employer (current or most recent employer)	Address		Telephone Number ()	Dates Employed	
	City	State		From	To
				Month/Year	Month/Year
Job Title	Dates Employed in Job Title		Describe Job Duties		
	From	To			
	Month/Year	Month/Year			
Work Status (FT,PT,OC,PRN)			Reason for Leaving:		
Employer (current or most recent employer)	Address		Telephone Number ()	Dates Employed	
	City	State		From	To
				Month/Year	Month/Year
Job Title	Dates Employed in Job Title		Describe Job Duties		
	From	To			
	Month/Year	Month/Year			
Supervisor					
Work Status (FT,PT,OC,PRN)			Reason for Leaving:		

***Request additional work history sheets if needed!**

Account for all periods of one month duration or more in the last three years in which you were not employed.

EMPLOYMENT EXPERIENCE

Additional Page if needed.

List all places of employment including temporary, full-time, part-time employment within the last 10 years and list voluntary activities.

Begin with most recent employer.

Previous Employment – Additional Work History

Employer (current or most recent employer)	Address		Telephone Number ()	Dates Employed	
	City	State		From	To
				Month/Year	Month/Year
Job Title	Dates Employed in Job Title		Describe Job Duties		
	From	To			
	Month/Year	Month/Year			
Supervisor					
Work Status (FT,PT,OC,PRN)			Reason for Leaving:		
Employer (current or most recent employer)	Address		Telephone Number ()	Dates Employed	
	City	State		From	To
				Month/Year	Month/Year
Job Title	Dates Employed in Job Title		Describe Job Duties		
	From	To			
	Month/Year	Month/Year			
Supervisor					
Work Status (FT,PT,OC,PRN)			Reason for Leaving:		
Employer (current or most recent employer)	Address		Telephone Number ()	Dates Employed	
	City	State		From	To
				Month/Year	Month/Year
Job Title	Dates Employed in Job Title		Describe Job Duties		
	From	To			
	Month/Year	Month/Year			
Supervisor					
Work Status (FT,PT,OC,PRN)			Reason for Leaving:		

Have you ever filled out an application at Ability KC? No Yes

Have you ever worked for Ability KC? No Yes

Have you ever worked for Ability KC through an agency or as an independent contractor? No
 Yes If yes, complete below.

Agency	Dates	Ability KC Facility	Position(s) Held

EDUCATION

School	Name of School(s)	City, County, State	Degree and Major	From:	To:	Graduate?	
						Yes	No
High School/GED							
College							
Graduate							
School of Nursing							
Technical or Professional							

PROFESSIONAL LICENSES AND/OR CERTIFICATES: (e.g. nursing, chauffeur, commercial, etc)

Type	Active	Inactive	State Issued	Date of Expiration	Number

Have you ever had a professional license/registration denied, revoked, suspended or otherwise restricted?

No Yes

If yes, provide information, including license/certification, state, date, and nature of action:

OTHER SKILLS

Accounts Payable
 Filing Skills
 Medical Insurance Billing
 Medical Records Coding
 Medical Terminology
 Switchboard
 Typing WPM _____
 10 Key
 Other

CLINICAL CARE

Cath Lab
 Critical Care
 CT Scan
 Home Health/Hospice
 IV Certified
 Labor & Delivery
 Long Term Care Facility
 Med/Surg
 Nursery Other Other

CLINICAL CARE CONT'D.

OB/GYN
 Oncology
 OR/Surgery
 Orthopedic
 Phleboromist
 Physicians Office
 Skilled Nursing Facility
 Sports Medicine

COMPUTER SKILLS

Database
 Graphics
 Programming Languages
 Spreadsheet
 Windows
 Work Processing

How were you referred to Ability KC? Circle one

- Employee Name: _____
- School Name: _____
- Recruitment Agency: _____
- Agency: _____
- Walk-in
- Professional Journal
- Another Person/Relative Name: _____
- Community Organization (Please Specify): _____
- Ability KC Job Bulletin Notice Government
- Campus Visit (specify location): _____
- Recruitment Fair
- Job Ad/Internet

Applicant Acknowledgements

(PLEASE READ CAREFULLY)

I understand that if I have made any false statement in the application form, or if I omitted any material information, that such false statements or omissions may disqualify me from further consideration for employment, or may result in my termination if I have been employed.

I understand that any offer of employment that may be made to me is contingent upon passing a post offer physical examination, which will include a drug screen.

In consideration of my employment, I agree to conform to the rules and regulations of the employer. My employment can be terminated with or without cause, and with or without notice at any time. I also understand that due to the type of service rendered by this institution, I understand and agree that I may be required to work a schedule or in an area other than that for which I may be initially hired.

I understand that if I am required to be registered and/or licensed I will notify my supervisor immediately if any investigation, probation, limitation or cancellation of my registration and/or license occurs. I understand that if I fail to do so, my employment may be terminated.

I certify that I have listed all convictions, no matter how old on this application and I specifically certify that I have never been convicted of or plead guilty or no contest to a class A or B felony, and that my name is not now and has never been placed on any State's Department of Social Services employee disqualification list of those individuals who have been found to have abused or neglected elderly or handicapped patients or residents. I further certify that I have never been convicted of the crimes of "patient resident, or client abuse neglect" or of "furnishing unfit food to patients or clients" or of failing to report abuse or neglect in a mental health facility or treatment facility.

I certify that I am not currently suspended, debarred, or otherwise excluded from Medicare/Medicaid/CHAMPUS/CHAMPRA programs. I further agree that I will inform my employer if I become suspended or proposed for exclusion from these federal programs.

In the event I am not hired, I understand my application will be active for a period of 6 months.

I hereby give my permission and authorize representatives of Ability KC to investigate any or all of the statements I have made in this application for employment. I understand that such authorization will allow representatives of Ability KC to contact any or all of the employers I have listed and I hereby authorize those employers to supply the requested information. I hereby release those employers from any liability arising out of the release from such information.

Applicant's Signature

Date

Applicant Voluntary Self-Identification Record

Ability KC is an equal opportunity employer and committed to a diverse work force. We are required to report the numbers of people who apply at our corporation by ethnic group, sex, veteran, disabled, and over forty status. Your cooperation will be appreciated in completing the following form. **This information will be used only for reporting purposes as legislated by Federal and State regulations.** Submissions of this information is **voluntary**; will not become a part of your applicant file or be used in making an employment decision; and if hired, will not be included in your employee personnel file.

(Please print)

Name: Last name: _____ First Name: _____ Middle Initial: _____

Social Security Number: ____ / ____ / ____ Phone No.: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title(s)

Of

Desired Position(s): _____

Type of Employment Preferred: Temporary OnCall (PRN)

Full-Time Part-Time Days Evenings Nights

Shift Preferred:

How were you referred to Ability KC?

- Employee _____
- School _____
- Specify): _____
- Bulletin _____
- Campus Recruitment Fair
- Walk-in _____
- Newspaper Ad (name of paper): _____
- Name: Another Person/Relative Name: _____
- Name: Community Organization (Please _____
- Recruitment Agency: Ability KC Job
- Notice Government Agency: _____
- Visit (specify location): _____
- Professional Journal _____
- Internet Other

Sex – Please check one

Male Female

Over Forty – years of age

No Yes

Ethnic Status – Please check one

- White** – Not of Hispanic origin; includes persons having origins of any of the original peoples of Europe, North Africa, or the Middle East and not specifically included in another group.
- Black** – Not of Hispanic origin; all persons having origins of any of the Black racial groups of Africa.
- Asian** – All persons having origins of any of the original peoples of the Far East, Southeast Asia, Indian Sub-continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.
- American Indian** – Persons having origins of any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin.

Veteran/Disabled Status – Please Check One

- Veteran of the Vietnam era** – A person who (1) served on active duty of a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a Dishonorable Discharge, or (2) was discharged or released from active duty for a service-connected disability if any of such active duty was performed between August 5, 1964 and May 7, 1975.
- Disabled Veteran** – A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- Disabled Individual** – A person who (1) has a physical or mental impairment which substantially limits one or more of such person’s major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.

Applicant’s Signature:

Employment Verification Request

Date: _____

To: _____ (Current/Former Employer)
Human Resources Department

Re: Employment Verification
From: HR Department,-Ability KC

I authorize the company listed above to provide verification of my employment history, (dates of hire/termination, rate of pay, eligibility for re-hire and any other information the employer would like to disclose) regarding my employment.

Signature: _____ Date: _____

Employee Name: _____
Date of Birth: _____

Current/Prior Employer Completes Section Below:

This individual has applied for a position with Ability KC.
We would appreciate information regarding their employment with your organization/company.

Please indicate dates of employment with your organization/company.

Date:	Start Date: _____	Termination _____
	<input type="checkbox"/> Part-Time Hours	<input type="checkbox"/> Full-Time
	Did the employee work: <input type="checkbox"/>	<input type="checkbox"/> Unacceptable
	Job Performance: <input type="checkbox"/> Acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the individual eligible for rehire? _____	
	Name of the person completing this form: _____	
	Date: _____	

Thank you for taking the time to provide this information. **Please fax to 816-751-7905.**
Sincerely,
Janice Brooke – Human Resources
Office Phone: 816-751-7802