



**Box Butte General Hospital**  
**P.O. Box 810**  
**Alliance, NE 69301**  
[Http://www.bbgh.org](http://www.bbgh.org)  
**EMPLOYMENT APPLICATION**

**Box Butte General Hospital is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.**

Please Print

Date:

**Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Message #: ( ) \_\_\_\_\_

Have you ever applied to, or worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List all other first or last names under which you have been employed: \_\_\_\_\_

Do you have any friends or relatives working for BBGH? \_\_\_\_\_

If yes, state name and relationship: \_\_\_\_\_

How did you hear about us/this opening? \_\_\_\_\_

State briefly why you would like to work with Box Butte General Hospital:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime (excluding expunged convictions)? \_\_\_\_\_

*(NOTE: Criminal convictions may not result in a denial of employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Information About Employment Desired**

Position you are applying for? \_\_\_\_\_ Full-time or part-time? \_\_\_\_\_

If part-time, hours per week desired: \_\_\_\_\_ Are you available for work on weekends? \_\_\_\_\_

Are you available to work holidays? \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_ Are you available to be on-call? \_\_\_\_\_

Are you available to work nights? \_\_\_\_\_ Are you available to work overtime? \_\_\_\_\_

If hired, on what date could you start work? \_\_\_\_\_

Hourly rate of pay or monthly salary desired: \_\_\_\_\_

**Education and Training (include on-the-job training):**

	School/Location/ Sponsor	Course of Study	Degrees Attained	Dates Attended
High School				
Community College				
Trade School				
College/University				
Seminars/Others				

**Special Skills**

Do you speak, write or understand any foreign languages? \_\_\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at BBGH? \_\_\_\_\_

\_\_\_\_\_

Professional Society Memberships: \_\_\_\_\_

\_\_\_\_\_

Job Related Licenses & Certifications (list states): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Computer Skills	Dates Used	Level of Proficiency
Hardware:		
Software:		

Use the space below to summarize other relevant experience, skills and background:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES – PLEASE INCLUDE NAME, ADDRESS AND TELEPHONE NUMBER**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Employment History:**

**List all previous employers starting with your present or most recent below.**

Name of Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Telephone Number: ( ) \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Telephone Number: ( ) \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Telephone Number: ( ) \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code  
Telephone Number: ( ) \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Starting Rate of Pay: \_\_\_\_\_ Ending Rate of Pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**(PLEASE REQUEST ANOTHER EMPLOYMENT HISTORY SHEET IF YOU HAVE HAD MORE THAN THREE EMPLOYERS.)**

**Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).**

\_\_\_\_\_ I hereby authorize Box Butte General Hospital to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Box Butte General Hospital, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that if offered employment, the offer will be contingent on my passing a corporate compliance check and a post-offer/pre-placement health screen. By signing this application, I voluntarily agree to submit to a corporate compliance check and post-offer/pre-placement health screen. I understand that failure to pass the corporate compliance check and/or health screen will result in withdrawal of the employment offer.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Box Butte General Hospital. In addition, I understand and agree that if I am employed, my employment relationship with Box Butte General Hospital is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Box Butte General Hospital, and that no promises or representations contrary to the forgoing are binding on Box Butte General Hospital unless made in writing and signed jointly by the CEO and myself.

\_\_\_\_\_ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Box Butte General Hospital benefits, policies and procedures will not alter our at-will agreements.

\_\_\_\_\_ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on or before my first day of employment.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission, falsification, or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

To be completed by Department Head

Department \_\_\_\_\_ Position Title \_\_\_\_\_ Start date \_\_\_\_\_

Pay Grade \_\_\_\_\_ Rate of pay \_\_\_\_\_ Yrs. in Grade \_\_\_\_\_ Full time? \_\_\_\_\_ Part time? \_\_\_\_\_ PRN? \_\_\_\_\_ Temp? \_\_\_\_\_

Computer modules new employee needs access to:

\_\_\_\_\_  
Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FORWARD TO PERSONNEL OFFICE IMMEDIATELY SO NEW EMPLOYEE PACKET CAN BE PREPARED**