



## Application for Employment

*(Please Print)*

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Application Date: \_\_\_\_\_

### I. Personal Information

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
Permanent Address (if different than above)

Telephone (\_\_\_\_\_) \_\_\_\_\_

Are you 18 years or older? YES NO

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

**Position Applied For:** \_\_\_\_\_

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? \_\_\_\_\_ Please specify:

\_\_\_\_\_  
2. How were you referred\* to Kimball Health Services?

\*If referred by a current employee, they must attach their completed employee referral form.

## II. Educational History

Subject(s)	School Name and Location	Years Attended	Degree or Diploma
Studied High			
School College			
Technical			
Training Other .			

## III. Employment Record *Please include all employment for the last five years.*

Are you employed now? YES NO If yes, may we inquire of your present employer? YES NO

- |  |                                     |
|--|-------------------------------------|
| _____  | _____                               |
| Company Name (Current or Most Recent Employer) | Position Held                       |
| _____  | Dates Employed:                     |
| Address  | From____/____/____ To____/____/____ |
| (____)_____                                    |                                     |
| Telephone                                      |                                     |
| _____  | _____                               |
| Manager / Supervisor                           | Wage/Salary                         |
| _____  |                                     |
| Reason for Leaving                             |                                     |
- |  |                                     |
|--|-------------------------------------|
| _____  | _____                               |
| Company Name (Current or Most Recent Employer) | Position Held                       |
| _____  | Dates Employed:                     |
| Address  | From____/____/____ To____/____/____ |
| (____)_____                                    |                                     |
| Telephone                                      |                                     |
| _____  | _____                               |
| Manager / Supervisor                           | Wage/Salary                         |
| _____  |                                     |
| Reason for leaving                             |                                     |
- |  |                                     |
|--|-------------------------------------|
| _____  | _____                               |
| Company Name (Current or Most Recent Employer) | Position Held                       |
| _____  | Dates Employed:                     |
| Address  | From____/____/____ To____/____/____ |
| (____)_____                                    |                                     |
| Telephone                                      |                                     |
| _____  | _____                               |
| Manager / Supervisor                           | Wage/Salary                         |
| _____  |                                     |
| Reason for leaving                             |                                     |



# Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

## 1. Consent To Conduct Background Investigation

As a condition of and in consideration for Kimball Health Services' consideration of this application, I give permission to Kimball Health Services to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to Kimball Health Services to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

## 2. Consent To Contact Past Employers

I give permission to Kimball Health Services to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Kimball Health Services, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Kimball Health Services. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to Kimball Health Services. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

## 3. Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of Kimball Health Services to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate Kimball Health Services as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

## 4. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

## 5. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of Kimball Health Services, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either Kimball Health Services or myself, except as otherwise provided by law. I understand that no manager or representative of Kimball Health Services, other than the President of Kimball Health Services, has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the President of Kimball Health Services.

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Applicant's Signature

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Date

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Witness Signature

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Date