



**KANE COUNTY HOSPITAL**  
Healing Happens Here

## Employment Application

Please print or type clearly

Position Applying for: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street or P.O. box # City State zip code

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Acceptable employment types: Full Time  Part Time  Shift Work  Temporary

Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Have you ever applied at Kane County Hospital before? Yes  No  If so when? \_\_\_\_\_

List any trade or professional licenses, and certificates:

\_\_\_\_\_  
\_\_\_\_\_

References: List three persons not related to you whom you have known at least one year.

Name	Address	Telephone No.	Business or Trade

Education: High School Graduate? Yes  No  If no, circle highest year completed 9 10 11 12

University, College or Trade School City & State	Major or vocational Subjects	Length of time	Degree

Have you ever been convicted of (or have a case pending for) any criminal offenses? (Excluding traffic offenses.) Yes  No  If yes, please provide additional information:

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Court: \_\_\_\_\_ Sentence: \_\_\_\_\_

## *Kane County Hospital Employment Application*

### **Work History**

Begin with most recent or current employer. Please attached supplemental sheet and resume if desired.  
Include military service if applicable.

Most Recent or Current Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May We Contact? Yes  No  Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Specific reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

First Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May We Contact? Yes  No  Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Specific reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Second Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May We Contact? Yes  No  Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Specific reason for leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**Additional Skills and Qualifications:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information included on this form is complete and accurate to the best of my knowledge and I understand that I will be required to verify the information on this form prior to being hired by Kane County Hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kane County Hospital is an at will employer in accordance with Utah State Law R610-3-2H

***Kane County Hospital, 355 North Main St., Kanab, UT 84741 (435)644-5811 [knuttall@kchosp.net](mailto:knuttall@kchosp.net)***