



**KANE COUNTY HOSPITAL**  
Healing Happens Here

### Employment Application

Please print or type clearly

### APPLICANT INFORMATION

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

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

\*If you have ever been convicted of a crime, excluding traffic offenses, please let Human Resources know the charge and disposition of the case.

CMS requires all hospital employees to be COVID-19 vaccinated or meet exemption requirements.  
Have you received the COVID-19 Vaccination? Yes  No   
If not, are you willing to get vaccinated? Yes  No

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

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**EMPLOYMENT HISTORY**

List most recent employment first. Be sure all your experience or employers related to this job are listed here, attach supplemental sheet if necessary. No more than 10 years history recommended.

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
May We Contact? Yes  No  Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
May We Contact? Yes  No  Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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May We Contact? Yes  No  Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 and also requires pre-employment drug testing and background check.