

**Russell Regional Hospital**  
**200 S Main – Russell, KS 67665**  
**Phone (785)483-3131 Fax (785)483-0718**

An Equal Opportunity Employer

## Application for Employment

LIST THE POSITION(S) YOU ARE APPLYING FOR:

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NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Last) (First) (Middle Initial) (Day Time Telephone Number)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

EDUCATION:

	Name of School	Location	Certification/Degrees Received Major Field
High School			High School Diploma / GED (Circle Diploma Received)
College			
School of Nursing			
Business or Other			

Skills: Please list any skills, specialties or proficiencies that you possess

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Employment History: Please list your current/previous employment information

Company Name, Address & Phone Number		Dates: Mo./Yr.	Position Title/Description of Duties	Reason for Leaving
		From /	F.T. <input type="checkbox"/>	
Address		To /	P.T. <input type="checkbox"/>	
Supervisor	Phone	Pay \$ per	PRN <input type="checkbox"/>	

Company Name, Address & Phone Number		Dates: Mo./Yr.	Position Title/Description of Duties	Reason for Leaving
		From /	F.T. <input type="checkbox"/>	
Address		To /	P.T. <input type="checkbox"/>	
Supervisor	Phone	Pay \$            per	PRN <input type="checkbox"/>	

Company Name, Address & Phone Number		Dates: Mo./Yr.	Position Title/Description of Duties	Reason for Leaving
		From /	F.T. <input type="checkbox"/>	
Address		To /	P.T. <input type="checkbox"/>	
Supervisor	Phone	Pay \$            per	PRN <input type="checkbox"/>	

**Personal References**

Name	Relationship	Telephone # and Address	Years Known

Currently Employed? YES NO      DATE OF APPLICATION \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_