



East Texas Medical Center
Regional Healthcare System

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

REFERRAL SOURCE: _____

DATE: _____

(PLEASE PRINT USING BALLPOINT PEN OR TYPE)

IDENTIFICATION	LAST NAME			FIRST	MIDDLE	CELL PHONE	TELEPHONE		
	PRESENT ADDRESS: STREET & NUMBER				CITY	STATE	ZIP CODE	EMAIL ADDRESS	
	U.S. CITIZEN?			TYPE VISA:		VISA/ALIEN NUMBER			
	<input type="checkbox"/> Yes			<input type="checkbox"/> No					
	IN CASE OF EMERGENCY PLEASE NOTIFY: NAME						ADDRESS	TELEPHONE	
DO YOU HAVE RELATIVES WORKING AT EAST TEXAS MEDICAL CENTER?					NAME		RELATIONSHIP		
<input type="checkbox"/> Yes					<input type="checkbox"/> No				

JOB STATUS	POSITION OR TYPE OF WORK APPLYING FOR:						
	1.			2.			
	SEEKING		SHIFT WILLING TO WORK		AVAILABLE TO WORK WEEKENDS?		SALARY REQUIRED
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Day <input type="checkbox"/> Night		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Temporary		<input type="checkbox"/> Evening <input type="checkbox"/> Rotating					
PRESENTLY EMPLOYED?		MAY WE CONTACT YOUR PRESENT EMPLOYER?		PREVIOUSLY EMPLOYED BY ETMC FACILITIES?		DATE AVAILABLE FOR WORK	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			

U.S. MILITARY	BRANCH OF U.S. SERVICE	DATE ENTERED	DATE DISCHARGED	RANK AT DISCHARGE
	NATURE OF DUTIES AND SPECIAL TRAINING RECEIVED			

TRAINING	Please indicate any educational, vocational, on-the-job, or any other training you have received which will aid us in placing you in the position that best meets your qualifications and/or in determining your qualifications for a position for which you desire to be considered.				
	HIGH SCHOOL:	NAME	LOCATION	DEGREE AND/OR TRAINING RECEIVED	MAJOR / MINOR
	COLLEGE TRAINING				
	GRADUATE SCHOOL				
	OTHER SCHOOLS OR SPECIAL TRAINING, INCLUDING LANGUAGES OR OTHER SKILLS				
	TYPING SPEED	OFFICE MACHINES OR OTHER SPECIAL EQUIPMENT USED			
	WPM				
PROFESSIONAL LICENSES/CERTIFICATES:	STATE ISSUED	NO.	DATE RECEIVED	EXPIRATION DATE	
Type:					

GENERAL	HAVE YOU EVER BEEN CONVICTED OR ADMITTED GUILTY TO A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No
	EXPLAIN (CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT)
Checking "Yes" will not necessarily bar employ.	

WORK EXPERIENCE: Start with your present or last position and work back accounting for all periods of unemployment.

PRESENT / LAST	NAME OF EMPLOYER			TYPE OF BUSINESS		ADDRESS		
	STARTED MONTH YEAR	LEFT MONTH YEAR	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR		TELEPHONE	
	JOB TITLE AND DESCRIPTION OF DUTIES AND RESPONSIBILITIES						REASON FOR LEAVING	

PREVIOUS	NAME OF EMPLOYER			TYPE OF BUSINESS		ADDRESS		
	STARTED MONTH YEAR	LEFT MONTH YEAR	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR		TELEPHONE	
	JOB TITLE AND DESCRIPTION OF DUTIES AND RESPONSIBILITIES						REASON FOR LEAVING	

PREVIOUS	NAME OF EMPLOYER			TYPE OF BUSINESS		ADDRESS		
	STARTED MONTH YEAR	LEFT MONTH YEAR	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR		TELEPHONE	
	JOB TITLE AND DESCRIPTION OF DUTIES AND RESPONSIBILITIES						REASON FOR LEAVING	

PREVIOUS	NAME OF EMPLOYER			TYPE OF BUSINESS		ADDRESS		
	STARTED MONTH YEAR	LEFT MONTH YEAR	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR		TELEPHONE	
	JOB TITLE AND DESCRIPTION OF DUTIES AND RESPONSIBILITIES						REASON FOR LEAVING	

AFFIDAVIT	<p>I certify that the information given by me in this application is correct and without consequential omissions and understand that any misstatement or omission will void this application and is grounds for dismissal in accordance with East Texas Medical Center Hospital policy. I authorize any company, school, or other institution or person to release any information regarding my employment, character, qualifications or health and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of East Texas Medical Center Hospital, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or myself. I understand that an offer of employment and acceptance thereof does not guarantee a specific number of hours and that time worked may be adjusted upward or downward depending upon the needs of the Company. I further understand that no manager or representative of East Texas Medical Center Hospital, other than the Administrator, has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing. I hereby additionally authorize the Hospital to withhold from my terminal pay an amount equal to the cost of replacing all Company property or uniforms issued but not returned or equal to any outstanding balance for services rendered. I understand that in order to be selected for employment, I must agree to submit to a pre-employment physical exam and test. These shall include, but are not limited to, a physical exam, X-ray, tuberculosis skin test, urinalysis, and blood test to determine the presence of contagious diseases, chemical dependency, etc. I further understand that the results of the exam and tests shall be submitted to the employer for evaluation and must satisfy the standards set by the employer before I can be considered for employment.</p>							
	DATE _____				SIGNATURE (DO NOT PRINT) _____			



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SUPPLEMENT TO EMPLOYMENT APPLICATION

Name: _____ Date: _____

Please answer the questions below. If you need additional space please write on the back.

1) Do you have a special request based upon cultural values, personal, or religious beliefs? This request may be non-participating in certain aspects of patient care or not working certain days.

Yes

No

2) If you answered "Yes" to question #1, please state your request and why.

HUMAN RESOURCES

Accommodations made: _____

Approved:

Human Resources

Date

THIS FORM IS TO BE KEPT WITH THE APPLICATION.



APPLICATION DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a *consumer report*+ may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

I have read the above notice and understand what it means.

Date: _____ Applicant Signature: _____

Social Security Number: _____

Date of Birth*: _____

Other information needed:

EDUCATION*

High School Attended: _____ Date Diploma Obtained: _____

City: _____ State: _____

College or University Attended: _____ Type of Degree: _____

City: _____ State: _____ Date Degree Obtained: _____

College or University Attended: _____ Type of Degree: _____

City: _____ State: _____ Date Degree Obtained: _____

PROFESSIONAL LICENSES/CERTIFICATES

Type of License/Certificate Obtained: _____ Date Original License Obtained: _____

Type of License/Certificate Obtained: _____ Date Original License Obtained: _____

Type of License/Certificate Obtained: _____ Date Original License Obtained: _____

*for consumer report purposes only.

+A *consumer report* may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying. An additional release (specifically for credit) will be obtained from the applicant prior to request.