

EMPLOYMENT APPLICATION

500 N. HIGHLAND AVENUE – SHERMAN, TX – (903) 870-4205



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|--|--|---------------------|-------|------------------|--|
| LAST NAME | | FIRST | | MIDDLE | SOCIAL SECURITY NUMBER |
| PRESENT ADDRESS | | CITY | STATE | ZIP | TELEPHONE NUMBER (Home) |
| EMAIL ADDRESS | | | | | TELEPHONE NUMBER (Cell) |
| POSITION APPLIED FOR: 1. _____ 2. _____ | | | | | DESIRED SALARY |
| HOW WERE YOU REFERRED TO THIS FACILITY? | | | | | DATE AVAILABLE FOR WORK? |
| ARE YOU ANSWERING AN ADVERTISEMENT? IF YES, WHICH MEDIA? | | | | | ARE YOU APPLYING FOR: |
| DO YOU HAVE RELATIVES OR FRIENDS EMPLOYED BY WNL? Check One <input type="checkbox"/> Relative <input type="checkbox"/> Friend | | | | | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary <input type="checkbox"/> |
| Name: _____ | | | | | WOULD YOU CONSIDER WORKING: |
| Department: _____ If Relative, Relationship? _____ | | | | | |
| HAVE YOU EVER BEEN EMPLOYED BY WNL? | | | | Under What Name? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Dates of Employment | | What position? | |
| If yes: | | From: | To: | | |
| WHAT WAS YOUR REASON FOR LEAVING? | | | | | SHIFT PREFERENCE? |
| ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? | | | | | Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| HAVE YOU EVER BEEN CONVICTED, PLACED ON PROBATION OR ACCEPTED DEFERRED ADJUDICATION IN A COURT OF LAW FOR ANY CRIME UNDER ANY NAME? If Yes, please explain: (A felony conviction does not automatically disqualify you from employment.) | | | | | |
| FAILURE TO FULLY DISCLOSE ANY INFORMATION YOU RESULT IN TERMINATION OF WITHDRAWAL OF JOB OFFER | | | | | |
| Are you presently charged with any violations of the law other than traffic violations? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | | | | |
| Would you work another job if qualified or another shift if an emergency should arise? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have means of transportation to get to work on time each day and when called in on short notice? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Person to be notified in case of emergency: | | | | | |
| Name: | | | | Relationship: | |
| Address: | | | | Phone Number: | |

| School | Name & Address of School | Course of Study | Circle Last/ Year Completed | Did you Graduate? | List Diploma or Degree |
|---------|--------------------------|-----------------|--------------------------------|------------------------------|------------------------|
| High | | | 1 2 3 4 | Yes <input type="checkbox"/> | |
| | | | | No <input type="checkbox"/> | |
| College | | | (Year completed) | Yes <input type="checkbox"/> | |
| | | | | No <input type="checkbox"/> | |
| College | | | (Year completed) | Yes <input type="checkbox"/> | |
| | | | | No <input type="checkbox"/> | |

OTHER: Business College, Other Special Course (Including Special Military Training, Post Graduate and Nursing)

AREA OF SPECIALIZATION OR MAJOR INTEREST:

LIST OF HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

| | | | |
|---------------------------|--|---|---|
| ARE YOU CURRENTLY: | <input type="checkbox"/> REGISTERED | <input type="checkbox"/> LICENSED | <input type="checkbox"/> CERTIFIED |
| ELIGIBLE FOR: | <input type="checkbox"/> REGISTRATION | <input type="checkbox"/> LICENSURE | <input type="checkbox"/> CERTIFICATION |
| TYPE | STATE ISSUED | ORIGINAL ISSUE DATE | CURRENT EXPIRATION DATE |
| Number | | | |
| TYPE | STATE ISSUED | ORIGINAL ISSUE DATE | CURRENT EXPIRATION DATE |
| Number | | | |
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| Number | | | |
| TYPE | STATE ISSUED | ORIGINAL ISSUE DATE | CURRENT EXPIRATION DATE |
| Number | | | |

Do you speak any languages in addition to English? If yes, what languages? _____

| | | | |
|---|--|--------------------------------------|--|
| COMPUTER SKILLS | Yes <input type="checkbox"/> No <input type="checkbox"/> | WPM | KPM |
| Excel <input type="checkbox"/> | Microsoft Word <input type="checkbox"/> | Power Point <input type="checkbox"/> | 10-Key Adding Machine <input type="checkbox"/> |
| Other <input type="checkbox"/> | _____ | | |
| List any other equipment you operate: _____ | | | |

| | | |
|---|--|--------------|
| Did you serve in the U.S. Armed Services? | Yes <input type="checkbox"/> No <input type="checkbox"/> | What Branch? |
| Have you volunteered your time or services? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Where? |
| Briefly describe duties and skills acquired through volunteer or military service: (please include dates) | | |
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|--|---------------------|----------------|------------------|
| List at least 3 references who are not relatives or employers: | | | |
| NAME | RELATIONSHIP | ADDRESS | TELEPHONE |
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|--|----------|----|----------------------|--|
| List Names, Address and Phone Number of previous employers with MOST RECENT EMPLOYER FIRST | FROM | TO | IMMEDIATE SUPERVISOR | LAST SALARY (Hourly, Monthly, Yearly) |
| Job Title: | | | | |
| Employer Name: | Address: | | | |
| Under what name were you employed? | Phone: | | | |
| Duties | | | | |
| Reason for Leaving | | | | |

| | | | | |
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| Reason for Leaving | | | | |

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| State if you do not want us to contact any of the above listed former employers and the reason you do not want them contacted. |
| Have you been discharged or asked to resign from a job? If yes, when and why? |
| Please explain any gaps in employment dates: |
| Make any comments you feel we should know when we contact your previous employers |

May we run a detailed employment check, including but not limited to a check with your previous employer? Yes No

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW:

I hereby declare that all the above statements are true and correct to the best of my knowledge. I understand that if any of the statements made by me on this application are misrepresented, falsified, misleading by omission, or if a check with my former employers reveals that I would make an unsatisfactory employee, my application will be void or my employment may be terminated immediately, whichever is applicable.

I authorize schools, referenced, my prior employers and physicians or other medical practitioners to furnish records, reason for leaving their employ, and all other information concerning me whether on record or not to Wilson N. Jones Regional Medical Center. I also release any individual, partnership or corporation which formerly employed me, its officers, agents and employees, from any and all liability or claims for damage whatsoever for issuing such information.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature of scope of investigation.

I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility and I understand that I will be required to satisfactorily complete an alcohol/drug screening as a condition of employment.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of Wilson N. Jones Regional Medical Center's current policies. In addition, I understand that the policies and procedures are subject to change without notice.

In consideration of my employment, I agree to conform to the policies and practices of Wilson N. Jones Regional Medical Center and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Wilson N. Jones or myself.

Applicants Signature: _____
Date: _____