Name: _____
Last **First** **Middle**

Social Security #: _____

Position[s] Applied for: _____

Date: _____

EL CAMPO MEMORIAL HOSPITAL
IS AN EQUAL OPPORTUNITY EMPLOYER.
It is the policy of El Campo Memorial Hospital to provide equal employment opportunities without regard to race, color, religion, sex, natural origin, age or handicap.

PERSONAL INFORMATION

Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: ( ) _____ **Cellular Phone: ( )** _____ **Work Phone: ( )** _____

Are you at least 18 years of age? ☐ Yes ☐ No **May we contact you at work?** ☐ Yes ☐ No

Are you legally eligible for employment in the U.S.? ☐ Yes ☐ No
(Proof of U.S. citizenship or status will be required upon employment)

Other names used (i.e. maiden name, etc.): _____

Date available for work: _____ **Desired salary:** _____

What status are you requesting? ☐ Full-Time ☐ Part-Time ☐ PRN ☐ Temporary

What shift(s) will you work? ☐ Day ☐ Evening ☐ Night ☐ Weekends

Have you worked for El Campo Memorial Hospital or Mid Coast Medical Clinic in the past? ☐ Yes ☐ No

Are you presently charged with any violations of laws other than traffic violations? ☐ Yes ☐ No
If yes, please explain: _____

Have you been convicted of a felony within the past seven (7) years? ☐ Yes ☐ No
If yes, please explain: _____

(The existence of a conviction or pending charge will not necessarily preclude you from employment.)

Do you have family members working at the hospital? ☐ Yes ☐ No **If yes, name and position:** _____

EDUCATIONAL INFORMATION

	Name & Location	Years Attended	Graduated	Degree/Diploma
High School			☐ Yes ☐ No	
College(s)			☐ Yes ☐ No	
College(s)			☐ Yes ☐ No	
College(s)			☐ Yes ☐ No	
Graduate School			☐ Yes ☐ No	
Other			☐ Yes ☐ No	

PROFESSIONAL REFERENCES (PLEASE GIVE FOUR NAMES OF PROFESSIONAL REFERENCES – NO FAMILY MEMBERS)

Name	Occupation/Title	Address	Phone Number

EMPLOYMENT RECORD

Employment History: Please list all previous employers for whom you have worked during the past five years. Explain any lapses between times when employed. **ALL INFORMATION MUST BE COMPLETED FOR THE APPLICATION TO BE CONSIDERED.**

Company: **From (Date):** **To (Date):** **Phone:**

Address: **City:** **State:** **Zip:**

Job Title: **Duties:**

Supervisor's Name: **Your Name While Working:**

Ending Salary: **Reason for Leaving:**

Company: **From (Date):** **To (Date):** **Phone:**

Address: **City:** **State:** **Zip:**

Job Title: **Duties:**

Supervisor's Name: **Your Name While Working:**

Ending Salary: **Reason for Leaving:**

Company: **From (Date):** **To (Date):** **Phone:**

Address: **City:** **State:** **Zip:**

Job Title: **Duties:**

Supervisor's Name: **Your Name While Working:**

Ending Salary: **Reason for Leaving:**

(Attach additional employer information on a separate sheet, if necessary.)

Please provide the names of machines and/or hospital equipment you are able to operate (computer, adding machine, X-Ray, etc.)

Typing, approximate WPM:

Professional License, Registry or Certification #: **Issuing Entity:**

Issuing State: **Renewal Date:**

Have you ever been discharged from a job or forced to resign? ☐ **Yes** ☐ **No**

May we contact your present employer? ☐ **Yes** ☐ **No**

I hereby state that the information given by me in this application is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits and my work performance while employed by them.

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 general character, general reputation, personal characteristics and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that any employment handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of the Hospital's current policies.

I understand that the Hospital reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screen, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the Hospital. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. Furthermore, I understand that as a part of the pre-employment screening process, I will be required to submit to lab testing, to include a drug screen, and physical examination.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE HOSPITAL, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND EITHER I OR THE HOSPITAL WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN EMPLOYMENT CONTRACT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY MYSELF AND THE ADMINISTRATOR OR OTHER REPRESTATIVE OF EL CAMPO MEMORIAL HOSPITAL.

Signature: _____ **Date:** _____