

## F. W. Huston Medical Center

Jefferson County Memorial Hospital, Inc.: including Clinic, Senior Living, Assisted Living, Envision Program, Pharmacy

### APPLICATION FOR EMPLOYMENT

(Please print clearly and answer all questions signatures required at X)

**Personal Information**

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (Last) (First) (Middle)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (H) \_\_\_\_\_ Cellular Phone \_\_\_\_\_ If you cannot be reached at above phone number, where may we contact you? Name of Person \_\_\_\_\_ Phone # \_\_\_\_\_

Permanent Address (if different than above) \_\_\_\_\_

**Employment Desired**

<u>Specify Job Below</u>	Shift
First Choice _____	_____
Second Choice _____	_____
Third Choice _____	_____

Will you accept Employment of:  Full Time?  Part Time?  Temporary?

Are You 18 Yrs. of Age or Older?  Yes  No

Are you Employed Now?  Yes  No

May We Contact Present Employer?  Yes  No

How did you learn about our campus? \_\_\_\_\_

**Education:** Select Highest Grade Completed \_\_\_\_\_

Scholastic Honors Rec'd: \_\_\_\_\_

**Name of School, Location and Year**

**Completed**

**Diploma, Degree, Certificate**

**High School** \_\_\_\_\_

**College** \_\_\_\_\_

**Vocational/Technical** \_\_\_\_\_

**Certifications** \_\_\_\_\_

**CNA, CMA, HHA, RT** \_\_\_\_\_

Extracurricular Activities while in school \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service Or Other Qualification You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U. S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_ Duty Dates: \_\_\_\_\_  
 Rank at Discharge \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Professional Licenses and/or Certifications**

Type	Organization or State Issued	Date Issued	Number	Verification

**Employment Record (list most recent position first)**

APPLICANT NAME: \_\_\_\_\_

Present & Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City / State / Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	

If your former employment; education; military services are under a name other than indicated on front of application, please indicate:

Last First Middle Initial

**Medicare Exclusion Policy**

*It is the policy of F.W. Huston Medical Center to prohibit the employment of individuals who have been recently convicted of a criminal offense related to health care or who are listed as debarred, excluded or otherwise ineligible for participation in federal health care programs. We therefore request that you disclose any criminal conviction, or exclusion activity.*

**Have you ever been convicted of a crime or exclusion action?**     Yes     No  
 If Yes, for what, when and where?

**References**    Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

Name _____	Address _____	Telephone _____
Name _____	Address _____	Telephone _____
Name _____	Address _____	Telephone _____
Name _____	Address _____	Telephone _____

## Release and Employment Understanding (Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination which relates to the essential duties I would be required to perform and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that an offer of employment may be contingent on passing the physical examination including drug screen; and a complete background check.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days and I will show satisfactory evidence of identity and eligibility for employment.

**X** \_\_\_\_\_  
Applicant's Signature Date

PRINT NAME: \_\_\_\_\_

### Availability Record

Please Indicate Days and Hours You Are Available For Work (Be Specific)

	Available "from" time	Available "to" time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Primary position desired \_\_\_\_\_

Will you accept another position?  Yes  No If Yes, what? \_\_\_\_\_

Are you available to work: Weekends?  Yes  No Holidays?  Yes  No Rotating Shifts?  Yes  No

Do you limit your annual earnings due to Social Security or other reasons?  Yes  No  
 If yes, please state maximum amount you wish to earn: \_\_\_\_\_

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator of this facility.

**X** \_\_\_\_\_  
Applicant's Signature Date

**This Page For Institution and Interviewers' Use Only**

APPLICANT NAME: \_\_\_\_\_

Interviewer	Date	Comments

**References & Prior Employment Check**

Individual Contact	Name of Firm	Results of Check

**Personnel Office Use-To Be Completed After Employed**

Start Date: \_\_\_\_\_ Dept: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Employee #: \_\_\_\_\_ Salary: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Notes: