

TYLER COUNTY HOSPITAL DISTRICT

PLEASE COMPLETE THIS EMPLOYMENT APPLICATION THOROUGHLY. WHEN A QUESTION IS NOT APPLICABLE, INSERT N/A.

DATE: _____ POSITION APPLYING FOR: _____

1. NAME: _____ SS# _____
LAST FIRST M.

2. DO YOU PREFER TO WORK FULL-TIME PART-TIME TELEPHONE NO. _____

3. CURRENT ADDRESS _____
STREET CITY STATE ZIP CODE

	YES	NO
4. ARE YOU EIGHTEEN YEARS OF AGE OR OLDER?		
5. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?		
6. IF IT IS REQUIRED, DO YOU HAVE AN AUTOMOBILE WHICH IS IN SAFE OPERATING CONDITION, AND DO YOU AGREE TO MAINTAIN YOUR AUTOMOBILE IN SAFE OPERATING CONDITION?		
7. CAN YOU SAFELY AND EFFECTIVELY CARRY OUT THE ESSENTIAL DUTIES OF THE JOB, WITH OR WITHOUT ACCOMODATION?		
8. DO YOU HAVE ANY FAMILY OR PERSONAL DUTIES, RESPONSIBILITIES, OR RELATIONSHIPS WHICH WOULD IN ANY WAY EFFECT YOUR AVAILABILITY FOR WORK OR YOUR ABILITY TO COMPLY WITH THE EMPLOYER'S SCHEDULE?		
9. HAVE YOU EVER BEEN CONVICTED OF A CRIME? (NOT INCLUDING TRAFFIC TICKET) IF YES, WHAT YEAR? NATURE OF CRIME:		
10. DO YOU STILL HAVE ANY KIND OF OBLIGATION AS A RESULT OF CONDITIONS OF PROBATION OR PAROLE? IF YES, EXPLAIN:		
11. IF IT IS REQUIRED, ARE YOU WILLING TO TRAVEL?		
12. IF IT IS NEEDED, DO YOU OBJECT TO WORKING OVERTIME?		

13. WHAT SKILLS, EXPERIENCE OR PROFESSIONAL TRAINING DO YOU HAVE THAT YOU THINK WILL QUALIFY YOU FOR THIS POSITION? _____

14. WHAT IS YOUR EXPECTED RATE OF PAY? _____

15. IN WHICH LANGUAGES OTHER THAN ENGLISH ARE YOU FLUENT?

_____ SPEAK READ WRITE

16. EDUCATION HISTORY				
LEVEL	SCHOOL/LOCATION	YEAR COMPLETED	DID YOU GRADUATE?	DEGREE RECEIVED
HIGH SCHOOL CITY/STATE	_____ _____			
COLLEGE CITY/STATE	_____ _____			
TRADE SCHOOL OR OTHER CITY/STATE	_____ _____			

17.

PERSONAL REFERENCES
(DO NOT LIST RELATIVES)

				- WORK
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NO.</u>	
				- HOME
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>PHONE NO.</u>	
				- WORK
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NO.</u>	
				- HOME
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>PHONE NO.</u>	
				- WORK
<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NO.</u>	
				- HOME
<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>PHONE NO.</u>	

EMPLOYMENT HISTORY
(BEGIN WITH CURRENT OF MOST RECENT EMPLOYER)

<u>CO. NAME</u>	<u>TELEPHONE NO.</u>	<u>DATE STARTED</u>	<u>LAST DAY WORKED</u>
<u>CITY/STATE</u>	<u>BEGINNING PAY RATE</u>		<u>ENDING PAY RATE</u>
<u>JOB TITLE</u>	<u>REASON FOR LEAVING</u>		
<u>IMMEDIATE SUPERVISOR</u>		<u>POSITION HELD/DUTIES</u>	

<u>CO. NAME</u>	<u>TELEPHONE NO.</u>	<u>DATE STARTED</u>	<u>LAST DAY WORKED</u>
<u>CITY/STATE</u>	<u>BEGINNING PAY RATE</u>		<u>ENDING PAY RATE</u>
<u>JOB TITLE</u>	<u>REASON FOR LEAVING</u>		
<u>IMMEDIATE SUPERVISOR</u>		<u>POSITION HELD/DUTIES</u>	

<u>CO. NAME</u>	<u>TELEPHONE NO.</u>	<u>DATE STARTED</u>	<u>LAST DAY WORKED</u>
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<u>JOB TITLE</u>	<u>REASON FOR LEAVING</u>		
<u>IMMEDIATE SUPERVISOR</u>		<u>POSITION HELD/DUTIES</u>	

<u>CO. NAME</u>	<u>TELEPHONE NO.</u>	<u>DATE STARTED</u>	<u>LAST DAY WORKED</u>
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<u>JOB TITLE</u>	<u>REASON FOR LEAVING</u>		
<u>IMMEDIATE SUPERVISOR</u>		<u>POSITION HELD/DUTIES</u>	

IN CASE OF EMERGENCY, THE FOLLOWING PERSON SHOULD BE NOTIFIED:

19. NAME _____ RELATIONSHIP _____ PHONE # _____

20. **STATEMENT OF CERTIFICATION**

I hereby certify that this application contains no willful misrepresentation of falsification and that the information given by me is true and correct to the best of my knowledge. I understand that should investigation reveal any misrepresentation or falsification, such findings could result in rejection of my application or in immediate termination of my employment. I authorize all previous and current employers to give any and all information concerning my employment and other pertinent information they may have, personal or otherwise, to this company and release all parties from any and all liabilities from any damages which may result from the furnishing of such information. I understand and agree that if hired my employment is for no definite period of time and that I may, regardless of the date of payment of wages or salary be terminated at any time without prior notice. If I am accepted for employment with this company, I agree to comply with supervisory instructions and to abide by its personnel policies and also to immediately report to my supervisor any and all job-related injuries and illnesses regardless of severity.

_SIGNATURE

DATE

Requested Shift/Hours

Day of Week	From		To
SUNDAY	_____	AM	AM
		PM	PM
MONDAY	_____	AM	AM
		PM	PM
TUESDAY	_____	AM	AM
		PM	PM
WEDNESDAY	_____	AM	AM
		PM	PM
THURSDAY	_____	AM	AM
		PM	PM
FRIDAY	_____	AM	AM
		PM	PM
SATURDAY	_____	AM	AM
		PM	PM

I understand that it is my responsibility to complete a new requested shift form when my availability for work changes. Further, I completely understand that the emergency conditions or required staffing situations may require me to work shifts or hours which are different from the ones I am requesting, and I agree to work those different shifts or hours as I am directed by my department head or the Hospital Administrator/CEO.

Applicant/Employee Signature

Date