

ROLLING PLAINS MEMORIAL HOSPITAL

200 East Arizona Street, P.O. Box 690 Sweetwater TX 79556 915-235-1701

EMPLOYMENT APPLICATION

AN EEO EMPLOYER M / F / H / V

Name (Last)	(First)	(Middle)	Social Security #	Date
Address (Street)	(City)	(State)	(Zip)	Telephone
Alternate #				

Other names you have worked under:

Positions Applying For:	Salary Desired	Date Available
(1) _____ (2) _____	\$ _____	_____
Will you work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> PRN/On Call <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		

Are you legally eligible for employment in the United States? Yes No **(Proof of identity and employment eligibility will be required upon employment)**

Have you ever worked for RPMH before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of relative(s) employed by RPMH
Under what name	Department
Position	From To
Department	

What was your reason for leaving?

Reason for wanting to return?

Have you been discharged or asked to resign in the last five years? If yes, why?

Have you ever been convicted of a felony under any name?

Yes No If yes, explain:

* Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.

EDUCATION:

High School	City	State	Diploma?	Received GED?	Year
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	City	State	Circle last year completed	Did you graduate?	Year
			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other: Business College, Technical School and other special courses

SPECIAL SKILLS:

Medical Terminology _____ Computer (list type) _____ Dictaphone _____ 10 Key _____ Word Processing _____

Other Skills: _____

PROFESSIONAL LICENSURES AND CERTIFICATION:

If Licensed, Registered or Certified	Type	State Issued	Date Issued	No.	Expiration Date
	Type	State Issued	Date Issued	No.	Expiration Date
	Type	State Issued	Date Issued	No.	Expiration Date

PREVIOUS EXPERIENCE:

CURRENT OR MOST RECENT	Employment Dates From _____ To _____	Company _____	Phone No. () _____	Immediate Supervisor _____
	Present Salary \$ _____	Address _____	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed _____
	Job Title & Duties _____			Reason for leaving _____
1ST PREVIOUS	Employment Dates From _____ To _____	Company _____	Phone No. () _____	Immediate Supervisor _____
	Present Salary \$ _____	Address _____	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed _____
	Job Title & Duties _____			Reason for leaving _____
2ND PREVIOUS	Employment Dates From _____ To _____	Company _____	Phone No. () _____	Immediate Supervisor _____
	Present Salary \$ _____	Address _____	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed _____
	Job Title & Duties _____			Reason for leaving _____
3RD PREVIOUS	Employment Dates From _____ To _____	Company _____	Phone No. () _____	Immediate Supervisor _____
	Present Salary \$ _____	Address _____	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed _____
	Job Title & Duties _____			Reason for leaving _____

Please explain any gaps in employment dates _____

MILITARY SERVICE:

(If Applicable) Branch _____ Rank or Rating _____ Service Dates: From _____ To _____

Special Training _____

RECRUITMENT INFORMATION:

Please check reason(s) for choosing Rolling Plains Memorial Hospital

 Radio Yellow Pages Newspaper Ad Contacted by recruiter Previously employed at RPMH Reputation of RPMH Recommended by friend/relative Employee Other (please explain) _____**IN CASE OF EMERGENCY:**

Whom shall we notify?

Name: _____ Telephone Number: _____

All qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, national origin or handicap. I understand that my application will be active for ninety (90) days from date of completion. If not hired during this period of time, I must complete another application. I understand that upon a tentative offer of employment, I will be asked to submit to a physical examination.

I agree to conform to Rolling Plains Memorial Hospital rules and regulations as made known to me at the time of employment or at any subsequent time. I understand that I may be tested by licensed polygraph administrators. This may be done during the employment process or at any time deemed necessary by Rolling Plains Memorial Hospital.

I do hereby authorize any and all investigations deemed necessary by Rolling Plains Memorial Hospital to verify the information contained herein. I also understand that if employed, the terms and conditions of my employment, including duties, hours, working area and days of work may be changed from time to time by either the employee or the hospital as it deems necessary. Also, either the employee or the hospital may terminate the employment relationship at will for any reason. I understand that neither this application nor any documents given to me while employed by Rolling Plains Memorial Hospital constitute an employment contract of any kind.

I authorize Rolling Plains Memorial Hospital to investigate statements and references and release said Rolling Plains Memorial Hospital from any/all liability resulting from such investigation. I also release my previous employers to provide Rolling Plains Memorial Hospital with any information regarding my previous employment which may be necessary for the selection process. I understand that Rolling Plains Memorial Hospital will not inform me of the details of any references received from my previous employers. Previous employers are hereby relieved of any liability for references that they reasonably believe to be factual and pertinent.

I hereby give my voluntary consent for a urine, breath, or blood sample to be collected from me and submitted for a drug and controlled substance, hepatitis, HIV, or any combination thereof, screening test. Further, I hereby consent to the release of the test results to those hospital officials who make employment decisions for Rolling Plains Memorial Hospital. I understand that any positive result from such test, like any other employment investigation, which indicates my inability to satisfactorily perform the job for which I am applying may preclude my employment.

I certify that all statements made in this application are true and complete to the best of my knowledge and that any false statements in this application will be sufficient cause for dismissal.

Applicant's Signature _____ Date _____