



R P M H +

EMPLOYMENT APPLICATION

ROLLING PLAINS MEMORIAL HOSPITAL

200 EAST ARIZONA • P.O. BOX 690 • SWEETWATER, TX 79556 • 325-235-1701

EMPLOYMENT APPLICATION

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

Other names you have worked under:

Positions Applying For: (1)	(2)	Salary Desired \$	Date Available
--------------------------------	-----	----------------------	----------------

Will you work: Full Time Part Time Temporary PRN/On Call Days Evenings Nights 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	Department
Under what name		
Position	From	To
Department		

What was your reason for leaving?

Reason for wanting to return.

Have you ever had a confirmed allegation of abuse made against you or do you have any allegations of abuse pending regarding your conduct with the Texas Department of Human Services Adult Protection Services or Child Protective Services or any other State or Federal agency charged with investigating allegations of abuse and/or neglect? Yes No If yes, please explain:

Have you ever been sanctioned by the Department of Health and Human Services with regard to the Medicare/Medicaid program or any other Federal program and/or excluded from participating in such programs? Yes No If yes, please explain:

Have you been discharged or asked to resign in the last five years? Yes No If yes, please explain:

Have you ever been convicted of, or been on probation for, or deferred adjudication for, or are you awaiting trial for any felony or misdemeanor? Yes No If yes, please 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED <input type="checkbox"/> Yes <input type="checkbox"/> No	Year
College	City	State	Circle last year completed 1 2 3 4	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year
College	City	State	Circle last year completed 1 2 3 4	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year
College	City	State	Circle last year completed 1 2 3 4	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year

Other: Business College, Technical School or other special courses

SPECIAL SKILLS

Medical Terminology:

Computer (list programs):

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 (MM/YY) 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 and Duties _____			Reason for Leaving _____
1ST PREVIOUS	Employment Dates (MM/YY) 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 and Duties _____			Reason for Leaving _____
2ND PREVIOUS	Employment Dates (MM/YY) 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 and Duties _____			Reason for Leaving _____
3RD PREVIOUS	Employment Dates (MM/YY) 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 and 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 Ad
 Newspaper Ad
 Contacted by recruiter
 Reputation of RPMH
 Previously employed at RPMH
 Recommended by friend/relative
 Employee referral
 Facebook
 Web Site
 Other (please explain) _____

IN CASE OF EMERGENCY:*Whom shall we notify?*

Name: _____ Telephone No. _____

All qualified applicants will receive consideration for employment without regard to race, creed, religion, color, gender, age, national origin or disability. I understand that my application will be active for one year from date of completion. If not hired during this period of time, I must complete another application.

I understand RPMH is required by the Texas Department of Aging and Disability Services (DADS) to search the Nurse Aide and the Employee Misconduct Registry. If I am listed on the registry as having abused, neglected or exploited a resident or a consumer of a facility or an individual receiving services from an agency, it will result in the rejection of my application or the termination of my employment.

I understand RPMH conducts criminal history investigations as a part of the hiring process, and checks applicant records for convictions, guilty pleas or nolo contendere, probation and deferred adjudication. Criminal history investigations are required by law for some positions, and are considered a business necessity for other positions. Your signature on this application constitutes your consent for RPMH to perform a criminal history investigation to verify the information you provide below. Any false information, misrepresentations or omissions regarding criminal history may result in the rejection of your application or the termination of your employment. I release RPMH from any and all potential liability resulting from the criminal history investigation and any release of information learned, including any damage to my reputation.

I authorize any and all investigations deemed necessary by RPMH to verify the information contained herein. I authorize RPMH to investigate statements and references and release RPMH 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 understand that I must pass a Drug and Alcohol Screen to be hired by RPMH. I further understand that, if hired, I may have to take a drug and/or alcohol screen during my employment, and that if the screen is positive, I will be terminated.

I understand that I may not be hired or, may be terminated immediately, if any of the aforementioned checks result in unfavorable information.

I understand and agree that, if I am employed, my employment with Rolling Plains Memorial Hospital will be as an "at will" employee and that my employment may be terminated by me or RPMH at any time with or without notice and with or without cause. I understand and agree that my "at will" employment cannot be modified except by a specific written agreement executed by me and the Administrator of RPMH. I understand and agree that any and all conditions of my employment can be changed or terminated at any time with or without notice. I understand that any false statements or any omission of information appearing on this or any other employment form will be sufficient reason not to hire me, and if discovered after my employment, will result in termination. I understand that if I add any additional information not asked for in the application, the additional information will be disregarded.

I understand that if I have pending debts owed to RPMH, I must make arrangements for payment of the debt to be hired by RPMH.

I declare that my answers to the questions in this application are true to the best of my knowledge and belief.

Applicant's Signature _____ **Date** _____