

Chambers County Public Hospital District #1 Employment Application

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PHONE	ALTERNATE PHONE NUMBER		ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRIVER'S LICENSE	DL#:	STATE:	CLASS:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

POSITION DESIRED

POSITION TITLE		DATE YOU CAN START		
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU SEEKING <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Summer		
ARE YOU CURRENTLY EMPLOYED BY Chambers County Public Hospital District #1? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT:	DATES:		
HAVE YOU EVER BEEN EMPLOYED BY Chambers County Public Hospital District #1? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT:	DATES:		
REASON FOR LEAVING				
DO YOU OR YOUR SPOUSE HAVE ANY RELATIVES WORKING FOR Chambers County Public Hospital District #1? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAMES:	RELATIONSHIP:		
WHO REFERRED YOU TO Chambers County Public Hospital District #1? <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Walk In <input type="checkbox"/> Other _____				
Have you ever been convicted or received deferred adjudication for a felony? <input type="checkbox"/> NO <input type="checkbox"/> YES, please explain: _____				
(A criminal record will not necessarily disqualify you from employment. Each case is considered in relationship to the position sought.)				

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF HOURS COMPLETED	DID YOU GRADUATE?	DEGREE/TITLE
GED		 		
HIGH SCHOOL		 		
COLLEGE				
TECHNICAL/BUSINESS				

GENERAL SKILLS

OFFICE	<input type="checkbox"/> MS ACCESS	<input type="checkbox"/> MS PUBLISHER	<input type="checkbox"/> OTHER	KEYBOARDING SPEED: _____
	<input type="checkbox"/> MS WORD	<input type="checkbox"/> MS EXCEL	_____	
	<input type="checkbox"/> MS POWER POINT	<input type="checkbox"/> MS OUTLOOK	_____	
List <u>CERTIFICATIONS</u> , <u>SKILLS</u> and <u>STRENGTHS</u> that qualify you for this position.	1. _____	3. _____		
	2. _____	4. _____		
Community Involvement?				

Former Employers List below your last three employers, starting with the most recent one first. If additional space is required, list information on a separate page. All information is subject to verification. You must include telephone numbers. **THE INFORMATION BELOW MUST BE COMPLETED IN FULL EVEN IF A RESUME IS ATTACHED.**

Name of Present or Last Employer		
Address, City, State, Zip		
Starting Date	Leave Date	Job Title
Starting Salary or Wage	Final Salary or Wage	Reason For Leaving
Description of Work		
Name, Title, and Contact Number of Supervisor		May We Contact Your Supervisor <input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Present or Last Employer		
Address, City, State, Zip		
Starting Date	Leave Date	Job Title
Starting Salary or Wage	Final Salary or Wage	Reason For Leaving
Description of Work		
Name, Title, and Contact Number of Supervisor		May We Contact Your Supervisor <input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Present or Last Employer		
Address, City, State, Zip		
Starting Date	Leave Date	Job Title
Starting Salary or Wage	Final Salary or Wage	Reason For Leaving
Description of Work		
Name, Title, and Contact Number of Supervisor		May We Contact Your Supervisor <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES WILL BE CHECKED BY CONTACTING YOUR PREVIOUS SUPERVISOR(S) LISTED ABOVE. YOU MUST LIST A NAME AND CONTACT TELEPHONE NUMBER FOR EACH PREVIOUS EMPLOYER.

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation, or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. The applicant releases the employer, and all persons and entities who supply the employer with information pertaining to the applicant, from any and all liability, including liability arising from the employer's negligence, arising from the employer's verification of the applicant's prior employment history, criminal record, references and any other background information pertaining to the applicant.

Chambers County Public Hospital District #1 is an "at will" employer as defined by applicable laws. All potential employees are subject to screening including, but not limited to a drug screen and, depending on the position, screening through the Office of the Inspector General, a driving record check, a criminal history review, a credit history check, and a verification of physical and mental capability to perform the essential functions of the job. As a Hospital &/or Clinic employee you are required to provide services or perform duties for the benefit of the general public during emergency situations. These may include services or duties different from those performed in the usual course and scope of your job. In the event of an evacuation you may be required to remain to perform needed services.

APPLICATION FOR EMPLOYMENT

CHAMBERS COUNTY PUBLIC HOSPITAL DISTRICT #1

Please List Names and Addresses of Three Personal References:

- 1. _____
- 2. _____
- 3. _____

Chambers County Public Hospital District #1 does not discriminate on the basis of race, color, national origin, religious creed, physical or mental disability, or age in employment. Chambers County Public Hospital District #1 is an Equal Opportunity Employer.

PLEASE READ CAREFULLY

I hereby certify that the information that I have provided on this application for employment with Chambers County Public Hospital District #1 is true and correct to the best of my knowledge and I agree to have any of the information checked by Chambers County Public Hospital District #1 unless I have indicated otherwise.

I am aware that a more detailed investigation concerning my work background may be conducted, including but not limited to a criminal history check, if applicable to the job for which I am applying, and I hereby authorize such an investigation. I am aware that my employment will be contingent on meeting the established requirements of Chambers County Public Hospital District #1 or governing regulatory agencies. I understand that if an offer of employment is made to me I will then be required to take a post-offer medical examination.

I agree to wear or use all protective clothing or devices required by Chambers County Public Hospital District #1 and to comply with all safety policies and procedures. I understand that nothing contained in this employment application is intended to lead to or create an employment contract between Chambers County Public Hospital District #1 and myself.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will and either I, or Chambers County Public Hospital District #1 may terminate the relationship at any time.

I understand that any omission, misrepresentation or falsification of facts on this application can be grounds for refusal of employment, or, if employed, can result in dismissal. I understand that this application will be maintained in the active file for a period of six months.

Applicant's Signature _____ Date _____