



APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Winkler County Memorial Hospital is an Equal Opportunity Employer. We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability or handicap, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION:

NAME: (Last Name, First Name, Middle Initial) Today's Date:

ADDRESS: CITY: STATE: ZIP:

HOME PHONE: CELL PHONE: PREFERRED METHOD TO CONTACT YOU: Home Phone Cell Phone

Have you ever worked under another name? Yes No If yes, please list:

Have you ever been convicted of a crime? Yes No

If yes, explain the nature of the crime, where, when, and disposition. (A conviction will not necessarily result in the denial of employment):

EMPLOYMENT ELIGIBILITY STATUS:

Are you lawfully eligible to be employed in the United States?

Yes No (proof of identity and/or eligibility status is required upon employment)

GENERAL INFORMATION:

Position for which you are applying: Desired Salary:

Specify: Full-time Part-time PRN Hours Preferred: Days Evenings Nights Rotating

Days preferred: Sun Mon Tues Wed Thurs Fri Sat Date Available to Work:

Can you perform the essential functions of this job? Yes No (If you have any questions about the functions of this job, please ask the interviewer before answering this question)

Is there any accommodation that you believe can reasonably be made which would permit you to perform the essential functions of the job for which you are applying? Yes No If yes, please explain:

Have you previously applied for employment with us before? Yes No If yes, when:

Were you previously employed by Winkler County Memorial Hospital before? If yes, when and where? Yes No

List any relatives employed by WCMH

How were you referred? (please list individual or source)

**EMPLOYMENT HISTORY:**

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

<b>1</b>	<b>EMPLOYER</b>	<b>FROM MO. YR.</b>	<b>STARTING SALARY</b>	<b>JOB TITLE</b>	<b>REASON FOR LEAVING (PLEASE EXPLAIN)</b>
NAME OF COMPANY:			\$	DESCRIBE YOUR DUTIES:	
ADDRESS:		TO MO. YR.			
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS		NAME & TITLE OF IMMEDIATE SUPERVISOR	
EXPLAIN ANY PERIOD BETWEEN JOBS :					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>2</b>	<b>EMPLOYER</b>	<b>FROM MO. YR.</b>	<b>STARTING SALARY</b>	<b>JOB TITLE</b>	<b>REASON FOR LEAVING (PLEASE EXPLAIN)</b>
NAME OF COMPANY:			\$	DESCRIBE YOUR DUTIES:	
ADDRESS:		TO MO. YR.			
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS		NAME & TITLE OF IMMEDIATE SUPERVISOR	
EXPLAIN ANY PERIOD BETWEEN JOBS :					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>3</b>	<b>EMPLOYER</b>	<b>FROM MO. YR.</b>	<b>STARTING SALARY</b>	<b>JOB TITLE</b>	<b>REASON FOR LEAVING (PLEASE EXPLAIN)</b>
NAME OF COMPANY:			\$	DESCRIBE YOUR DUTIES:	
ADDRESS:		TO MO. YR.			
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS		NAME & TITLE OF IMMEDIATE SUPERVISOR	
EXPLAIN ANY PERIOD BETWEEN JOBS :					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>4</b>	<b>EMPLOYER</b>	<b>FROM MO. YR.</b>	<b>STARTING SALARY</b>	<b>JOB TITLE</b>	<b>REASON FOR LEAVING (PLEASE EXPLAIN)</b>
NAME OF COMPANY:			\$	DESCRIBE YOUR DUTIES:	
ADDRESS:		TO MO. YR.			
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS		NAME & TITLE OF IMMEDIATE SUPERVISOR	
EXPLAIN ANY PERIOD BETWEEN JOBS :					MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

**EDUCATION:**

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

List any academic, professional, trade, civic, or social activities; offices held; or special courses, seminars, and/or training (Excluding any which reveal your race, color, religion, age, gender, sexual orientation, disability, marital status, or other protected status)

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL LICENSURE:**

Type of License:	License #:	Issued By:	Expiration Date:

In what states have you been licensed? \_\_\_\_\_

If you are a licensed/certified professional:

Is your license/certification currently pending review?  Yes  No

Has your license/certification ever been suspended or revoked or are you currently involved in any proceeding that could affect your licensure or certification?  Yes  No

IF YES, EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE:**

Branch \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Was your discharge in connection with criminal charges?  Yes  No

IF YES, EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

**SKILLS:** Check the areas in which you have a working knowledge:

Computer Software:

Microsoft Office (\_\_\_\_ Word; \_\_\_\_ Excel; \_\_\_\_ Power Point; \_\_\_\_ Access)  
 (please indicate level of experience for each: B=Basic, I=Intermediate, A=Advanced)

\_\_\_\_ Accounting & Finance \_\_\_\_ EHR \_\_\_\_ Other (list:\_\_\_\_)

Typing:  Yes  No wpm \_\_\_\_ Shorthand  Yes  No wpm \_\_\_\_

Other Office Equipment: \_\_\_\_\_ (please list)

Describe any other special skills or aptitudes that you feel would qualify you for a position with our company:

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**REFERENCES:**

List three business references who can attest to your work capabilities (**do not include relatives**):

Name:	Occupation:	Company Name:	Phone #

**CONSENT AND CERTIFICATION:**

**IMPORTANT: READ THIS CAREFULLY BEFORE SIGNING AND DATING APPLICATION**

I hereby certify that the answers to the foregoing questions are true to the best of my knowledge and agree to have any of the statements checked by St. Alexius Hospital/SHI unless I have indicated to the contrary.

I am aware that a more detailed investigation concerning background and credit may also be conducted, if applicable to the job for which I am applying, and I hereby authorize such an investigation.

I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

Should a job offer be made, I consent to taking a drug screen. I understand that any job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with our without reasonable accommodations to successfully perform the essential functions of my job. I will be required to successfully pass a drug screening test. This test will be administered at Winkler County Memorial Hospital's expense, and will require me to provide a specimen for analysis. Results of the drug test are confidential, and will not be disclosed to others without my specific written consent. My signature below specifically signifies my consent to this pre-placement drug screening test.

I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that nothing contained in this employment application is intended to lead or create an employment contract between Winkler County Memorial Hospital and myself which would in any way restrict the right of the company to terminate my employment at will.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will, and either I or Winkler County Memorial Hospital or may terminate the relationship at any time.

I understand that any omission, misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations herein or in conjunction with the application process may be cause for dismissal.

I understand that any and all disputes regarding my employment with Winkler County Memorial Hospital including any disputes relating to the termination of my employment, are subject to the Winkler County Memorial Hospital Progressive Discipline Process, which includes final and binding arbitration, and I also understand and agree, as a condition of employment and continued employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the arbitration panel as the final and binding decision and resolution of any such disputes I may have.

Applicant  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This application will be considered active for a period of 1 year from the date of its completion. If you wish to be considered for employment after that time, you must personally submit a new application. Incomplete application forms (even when accompanied by a resume) will not be considered. You must fill in your own application (please print). Omissions or falsifications may result in ineligibility for employment or immediate dismissal if employed**

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	initial
Date Printed: _____	initial
Destroyed Date: _____	initial
<b>Retain in your files</b>	