



SEYMOUR HOSPITAL

Caring for You.

EMPLOYMENT APPLICATION

200 Stadium Drive, Seymour, Texas 76380

Phone: (940)889-5572 Fax: (940)889-3337

Please Print in Ink

In considering your application for employment, the facility may conduct a detailed thorough investigation, which may include, but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

PERSONAL		
Last Name:	First Name:	Middle:
Present Address:		
City:	State:	ZIP:
Permanent Address:		
City:	State:	ZIP:
Any Previous Name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please Identify All Other Names, Including Maiden Name:		
Social Security Number:	Home Telephone Number:	Contact Telephone Number:
Best Time to Contact You:	Date Available for Work:	Are You Applying For: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary
Would You Consider Working: <input type="checkbox"/> Any Shift <input type="checkbox"/> Weekends & Holidays <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> On Call	Shift Preference: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	Are You a U.S. Citizen or an Alien Legally Authorized to Work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Applied For:	Salary Desired:	
How Were You Referred to Our Hospital?		
Relatives or Friends Employed Here? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Department: _____ Relationship: _____		
Have You Been Employed Here in the Past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, When?: _____		
Are You 18 Years of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Long Term Occupational Goals:		
Have You Been Convicted of, or Pled Guilty to a Crime (Excluding Misdemeanor Traffic Violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please Explain:		
Have You Ever Been Involved in the Substantiated Abuse or Neglect of Children or Adults Under the Laws of This or Any Other State of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please Explain:		
<i>If your answer is "yes" to either of the above questions, you will not be automatically disqualified from employment consideration, except as required by state or federal law.</i>		

EDUCATION/SKILLS					
School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Business College or Special Courses: (Includes Special Military Training, Post Graduate and Nursing)					
Area(s) of Specialization or Major Interest:			Typing: (Approx WPM)	Shorthand: (Approx. WPM)	
List Any Healthcare, Business or Industrial Equipment Operated:					

PROFESSIONAL CERTIFICATIONS			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently Licensed <input type="checkbox"/> Currently Registered <input type="checkbox"/> Eligible for License <input type="checkbox"/> Eligible for Registration License or Registration <u>Ever</u> Suspended, Revoked or on Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Explain:			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently Licensed <input type="checkbox"/> Currently Registered <input type="checkbox"/> Eligible for License <input type="checkbox"/> Eligible for Registration License or Registration <u>Ever</u> Suspended, Revoked or on Probation? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Explain:			

LANGUAGES (Do Not Complete Unless Requested)			
Language:	Do You Speak?	Do You Read?	Do You Write?
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
Language:	Do You Speak?	Do You Read?	Do You Write?
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent

ARMED SERVICES/VOLUNTEER INFORMATION
Did You Serve in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Branch?
Have You Volunteered Your Time or Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where?
Briefly Describe Duties and Skills Acquired Through Military or Volunteer Services (Include Dates):

PREVIOUS EXPERIENCE (Provide Information Regarding Previous Employment, Beginning With Most Recent Employer)				
From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr):	
Job Title:				
Employer Name:				
Address:	City:	State:	ZIP:	
Duties:				
Reason for Leaving:				

From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr):
Job Title:			
Employer Name:			
Address:	City:	State:	ZIP:
Duties:			
Reason for Leaving:			

From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr):
Job Title:			
Employer Name:			
Address:	City:	State:	ZIP:
Duties:			
Reason for Leaving:			

From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr):
Job Title:			
Employer Name:			
Address:	City:	State:	ZIP:
Duties:			
Reason for Leaving:			

From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr):
Job Title:			
Employer Name:			
Address:	City:	State:	ZIP:
Duties:			
Reason for Leaving:			

Please Identify and Explain and Gaps in Employment Longer Than Three (3) Months:

REFERENCES (List Three (3) References Who Are Not Relatives)			
Name:	Relationship:	Title:	
Company Name:			Telephone:
Address:	City:	State:	ZIP:
Name:	Relationship:	Title:	
Company Name:			Telephone:
Address:	City:	State:	ZIP:
Name:	Relationship:	Title:	
Company Name:			Telephone:
Address:	City:	State:	ZIP:

SIGNATURE - CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to providing or use of such information.

I understand that my employment is as-will, which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter unto any agreement to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Signature: _____ Date: _____

FOR OFFICE USE ONLY (To Be Completed After Employed)

Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referenced Checked and by Whom?	Reference #1:	Date:
		Reference #2:	Date:
		Reference #3:	Date:
Personnel Notes (These Notes are Open to Inspection - Keep Information Factual)			
If Applicant is 18 Years Old or Less, is Proof of Age on File? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Date: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
Interviewer's Signature: X			
Department:	Cost Center:	Completion of Evaluation Period: Signature: X	Approved By:
Position/Job Site:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call Status <input type="checkbox"/> Rotation	
Starting Salary/Grade:	Differential:	Shift:	Employee Number:
Notify in Case of Emergency:			Relationship:
Address:			Telephone: