



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: _____ Approved By: _____	
				Signature: X	
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: _____	

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal

APPLICANT or EMPLOYEE NAME (Please print)

history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on Name and DOB information I supply.

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 fingerprinting 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 my 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 of Birth

Date

Seymour Hospital

Agency Name (Please print)

Linda Moore, Human Resources

Agency Representative Name (Please print)

Signature of Agency Representative

Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Hire _____ Not Hired _____ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files