

PARKER COUNTY HOSPITAL DISTRICT

Employment Application

| APPLICANT INFORMATION | | | | | | | |
|---|--|------------------------------|-----------------------------|--|-----------------------------|------------------------------|-----------------------------|
| Last Name | | First | | M.I. | Date | | |
| Street Address | | | | Apartment/Unit # | | | |
| City | | State | | ZIP | | | |
| Phone | | E-mail Address | | | | | |
| Date Available | | | | Desired Salary | | | |
| Position Applied for | | | | FT <input type="checkbox"/> | PT <input type="checkbox"/> | PRN <input type="checkbox"/> | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for this company? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | |
| Have you ever been convicted of a felony? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | |

| EDUCATION | | | | | |
|-------------|--|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|---------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

PREVIOUS EMPLOYMENT

| | | | |
|---|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Please check your business skills.

List all machines, equipment and software you can efficiently operate.

1. Have you ever been convicted by any federal, state, or other law enforcement authority for Violating a federal, state, county or municipal law, regulation or ordinance? Yes No
If Yes, please explain: _____

2. Have you ever worked for Parker County Hospital District? Yes No
If Yes, list dates and department(s). _____

3. Have you ever been convicted of violating Medicare/Medicaid rules and regulations?
 Yes No If Yes, describe. _____

4. Do you have any relatives working for Parker County Hospital District? Yes No
If Yes, list names, relationships and department where employed. _____

5. Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties? Yes No If Yes, indicate place of employment and circumstances. _____

6. Parker County Hospital District may contact your present employer? Yes No
Former employer? Yes No

This space is provided for you to make additional comments you wish to include.

I hereby certify that the foregoing statements as well as those on any attachments to this form are to the best of my knowledge true and correct and that they are given of my own free will. I agree that any misstatements or omissions as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. If this application is considered favorably, I understand I must pass a drug screen as a condition of employment. I understand that if employed I will serve an initial provisional period during which time I may be separated from employment as unsuited to the assigned position, and that continued employment is not guaranteed. I agree to abide by and comply with all the rules and regulations of Parker County Hospital District.

Signature: _____ Date: _____