



CHILDRESS REGIONAL MEDICAL CENTER

PO Box 1030 Childress, TX 79201 Phone: 940-937-6371 Fax: 940-937-9133

APPLICANT INSTRUCTIONS

Thank you for your interest in working at our hospital. We appreciate your application and look forward to the possibility of your joining our team. This sheet is for your information. Please tear it off and keep it for your reference.

Please complete the attached application and authorization for release of information forms. Please print all information so it may be easily read. Be certain all forms are completely filled out and signed. Use the abbreviation of "N/A" if a particular provision or section in the form is not applicable to you. **Incomplete applications will not be considered.**

Your application will remain in our active files for a period of one year. Should an appropriate opening occur, your application will be reviewed along with others. It is not necessary for you to contact this office regarding any job openings after you have completed your application. If you are among the most qualified applicants for a position, an interview will be arranged. Please notify us in writing if your address or telephone number changes.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training and work experience. Credentials and experience will be verified through schools, former employers and licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, color, creed, national origin, sex, physical or mental handicap (unrelated to ability to do the job), or age (as defined by law).

We appreciate your cooperation.

**CHILDRESS REGIONAL MEDICAL CENTER
CHILDRESS, TEXAS
APPLICATION FOR EMPLOYMENT**

DATE OF APPLICATION _____

Position applied for: _____ Full Time? ___ Part Time? ___

Date available for work: _____

PERSONAL INFORMATION: (Use full names, no initials)

Full Name: _____ SS#: _____

Street Address: _____ City/State/Zip: _____

Mailing Address: _____ Phone #: _____

Notify in Case of Emergency:

Name: _____ Address: _____ Phone #: _____

Are you legally eligible for employment in the USA? Yes _____ No _____

Are you of legal age to work? _____

Have you ever been sanctioned by Medicare or Medicaid? Yes _____ No _____

Have you ever been arrested, convicted of a crime, plead guilty or no contest, placed on deferred adjudication or received a pre-trial disposition? _____ If yes, explain in full:

The above will not be an absolute bar from employment.

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform each of the essential job functions listed for each position for which you have applied: _____ If no, list the function(s) you are unable to perform and explain why you are unable to perform them. _____

Are you in the Active Reserves of the US Armed Forces? _____ Branch? _____

Have you ever been employed by Childress Regional Medical Center? _____

EDUCATION:

High School: Number of years completed _____ Did you graduate? _____

College Name _____

Address (required if applying for licensed position) _____

Number of years completed _____ Did you graduate? _____

College Degree received _____ Date of graduation _____

Trade/Business/

Vocational School (Name & Location) _____

Number of years completed _____ Date of graduation _____

Any other training or education? _____ Explain: _____

Professional Licenses/Certifications:

| Type/Number | Organization/State Issued | Issue Date | Expiration Date |
|-------------|---------------------------|------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EMPLOYMENT RECORD:

Previous Employment Information: (List current/last employer first)

Name of Company _____ Phone #: _____

Address _____ City/State/Zip _____

Dates of Employment: From ____/____ to ____/____ Supervisor: _____
Mo. Yr. Mo. Yr.

Position/Duties: _____

Monthly Starting Salary: _____ Monthly Ending Salary: _____

Reason for leaving: _____

Name of Company _____ Phone #: _____

Address _____ City/State/Zip _____

Dates of Employment: From ____/____ to ____/____ Supervisor: _____
Mo. Yr. Mo. Yr.

Position/Duties: _____

Monthly Starting Salary: _____ Monthly Ending Salary: _____

Reason for leaving: _____

Name of Company _____ Phone #: _____

Address _____ City/State/Zip _____

Dates of Employment: From ____/____ to ____/____ Supervisor: _____
Mo. Yr. Mo. Yr.

Position/Duties: _____

Monthly Starting Salary: _____ Monthly Ending Salary: _____

Reason for leaving: _____

**If there is a particular employer or employers you do not wish us to contact, please list below.
(Including present employer)**

PERSONAL REFERENCES: (Give the names of three persons not related to you, whom you have known at least one year.)

NAME

PHONE NUMBER

BUSINESS/OCCUPATION

PLEASE READ AND SIGN BELOW:

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application can lead to me not being hired. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags including purses or briefcases or parcels brought into for taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.

I voluntarily give **CHILDRESS REGIONAL MEDICAL CENTER** the right to thoroughly investigate my work, educational, and background history. I voluntarily give my former educators and employers the right to release these records in their entirety. I will hold no person or organization liable for giving or receiving information in any investigation.

If employed by **CHILDRESS REGIONAL MEDICAL CENTER**, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be the cause for immediate dismissal if discovered after hire. I authorize any inquiry to be made on any information contained in this application if I am considered for employment.

Employee Signature _____ **Date** _____

Employer Signature _____ **Date** _____

DEDUCTIONS AGREEMENT:

I, _____, warrant that I agree and understand that my employer may deduct wages from my pay for the following purposes:

- 1)Accidental wage overpayments
- 2)Installment payments on loans and if there is a balance remaining when I leave the Company, the balance of such loans
- 3)Voluntary Wage Assignments

I agree and authorize my employer to deduct money from my wages for the above outlined circumstances.

Employee Signature _____ **Date** _____

Employer Signature _____ **Date** _____