

MEMORIAL MEDICAL CENTER

815 N. Virginia Street  Port Lavaca, TX 77979

APPLICATION FOR EMPLOYMENT

Memorial Medical Center is an equal opportunity employer in compliance with federal and state laws. It does not discriminate against qualified applicants or employees on account of race, color, creed, sex, age, national origin or disability. Questions on this application are not intended to identify or exclude any applicant on account of these considerations.

Last Name	First	Middle	Date
Street Address	City	State	Zip
Social Security Number	Home Phone	Cell Phone	E-Mail Address
Have you ever used another name for employment, school, military service or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name(s) dates used and circumstances:			

Personal References who are familiar with your character, qualifications and work history: (Do not list relative) Please include phone numbers		
First and Last Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please use the space below to note any special activities, awards or other information that may demonstrate your abilities to perform the job for which you applied

Do you plan to engage in other work if employed by the Medical Center? Yes No If yes, please indicate employer, position and days/hours of the week involved

Are there any days or hours of the week that you are unavailable for work for any reason? Yes No If yes, please provide information on restricted days/hours

Do you speak, read or write in any language other than English? Yes No If yes, please provide details

Has Memorial Medical Center's Medicare Intermediary employed you during the previous year? Yes No

Have you served in the United States Military? Yes No If yes, please provide dates of service: _____

Nature of duty: _____

Special Training: _____

Branch/highest rank held: _____

Position Applied For: 1. _____ 2. _____ 3. _____	Work Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____ Desired Shift: <input type="checkbox"/> Any <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Other _____ Desired Salary: _____ Date Available for Work: _____ How were you referred to Memorial Medical Center? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> School <input type="checkbox"/> Other _____
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PROFESSIONAL LICENSORS OR REGISTRATIONS

State _____ _____	Number _____ _____	Expiration Date _____ _____	Verified By _____ _____
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Has your professional license or registration ever been revoked, suspended or limited in any manner? Yes No. If so, please provide complete information on date(s), licensing authority/organization, circumstances and disposition.

Other Licensure or Registration (plumbing, electrical, air conditioning, etc.)

State _____ _____	Number _____ _____	Expiration Date _____ _____	Verified By _____ _____
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OFFICE EQUIPMENT SKILLS

Typing _____ wpm Computer: Yes No

List computer programs you have experience using and any other office skills that would be useful in the job you are applying for:

EDUCATION

Circle Highest Grade Completed:	Grade School	High School	College	Other
	1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	1 2 3
High School	Name City/State	Major Subject	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical or Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been convicted of, pled guilty or nolo contendere (no contest) to or received deferred adjudication or probation for any criminal offense (misdemeanors or felonies)? Yes No

If yes, provide dates(s), location (city and state), and nature of the offense(s) and disposition:

Are you currently serving probation, parole or deferred adjudication for any criminal offense? Yes No If yes, please provide details:

EMPLOYMENT EXPERIENCE

Have you ever been terminated from employment or asked to resign by an employer? Yes No If yes, please provide information on employer and circumstances.

The Medical Center regularly contacts employers and others listed on this application at the time a conditional job offer is made to obtain references regarding work history, conduct and suitability for employment. May we contact your current employer at this time? Yes No

Please attached copies of any employment recommendation letters from prior employers which relate to the position for which you are applying.

Please provide complete information on your employment for the past 10 years or 5 employers, whichever is greater. Begin with your current or most recent employment. Use additional sheets if necessary.

1. Employer		Position Held		Supervisor's Name	
Address No. & Street		City	State	Zip	Phone Number
Description of Duties				Dates Employed From _____ To _____	
Reason for Leaving			Salary		

2. Employer		Position Held		Supervisor's Name	
Address No. & Street		City	State	Zip	Phone Number
Description of Duties				Dates Employed From _____ To _____	
Reason for Leaving			Salary		

3. Employer		Position Held		Supervisor's Name	
Address No. & Street		City	State	Zip	Phone Number
Description of Duties				Dates Employed From _____ To _____	
Reason for Leaving			Salary		

4. Employer		Position Held		Supervisor's Name	
Address No. & Street		City	State	Zip	Phone Number
Description of Duties				Dates Employed From _____ To _____	
Reason for Leaving			Salary		

5. Employer		Position Held		Supervisor's Name	
Address No. & Street		City	State	Zip	Phone Number
Description of Duties				Dates Employed From _____ To _____	
Reason for Leaving			Salary		

The Hospital conducts background checks. Criminal convictions are not barred from consideration for employment.

APPLICATION PROCESS

The Medical Center may not interview all applications for a position. Those applicants to be interviewed will be contacted by the Medical Center. Applications will be considered by the Medical Center for 120 days following their submission. Applicants, who wish to be considered after this time period has expired, or for a job position not listed on their application, must submit a new application to the Medical Center.

APPLICATION VERIFICATION

I verify that all information provided on this application, exhibits and resumes is true, correct and complete. I have not withheld any information requested on this application. I understand that false, misleading, incomplete or omitted information on this application, exhibits and resumes will result in rejection of my application or termination of employment, whenever discovered.

If I am considered for employment, I authorize the Medical Center and its agents to make inquires and conduct an investigation regarding the information on this application and my suitability for employment. I agree to furnish additional information if requested. I release the Medical Center, its agents and all other parties from any claims, liabilities or damages resulting from obtaining or providing information about me.

I understand that if I receive a conditional employment offer, I will be asked to submit to testing for current illegal use of drugs by a laboratory designated by the Medical Center. The reason for such testing is that the Medical Center endeavors to operate in a safe manner for patients, employees and visitors. I understand that if I refuse to consent or submit to testing, or if I produce a positive test result for the illegal use of drugs, I will not be further considered for employment.

I understand that if I receive a conditional employment offer, I may be asked to respond to medical inquiries or to submit to a medical examination conducted by a medical practitioner selected by the Medical Center. The result of the exam and the answers to the inquiries will be considered by the Medical Center in determining my suitability for employment. I understand that if I refuse to consent or submit to a medical examination or respond to medical inquires, I will not be further considered for employment.

If employed, I understand that I must complete a Federal I-9 from and provide verification of my identity and right to work in the United States.

I understand that this employment application is not a employment offer or contract with the Medical Center. If employed, I agree to comply with all of the Medical Center's policies, rules and procedures currently in effect or subsequently issued by the Medical Center. I understand that any employment relationship between the Medical Center and me is based **upon employment - at - will and is for an indefinite time period.** The Medical Center or I can terminate the relationship at any time without notice or requirement of cause.

Signature of Applicant

Date



IS AN EQUAL OPPORTUNITY EMPLOYER