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# MAVERICK COUNTY HOSPITAL DISTRICT

3406 Bob Rogers Drive, Suite 140, Eagle Pass, Texas 78852

Office (830) 757-4990 Ext. 4960

www.mchdep.org

*Maverick County*



*Hospital District*

*Caring for the Community*

## **EMPLOYMENT APPLICATION**

An Equal Employment Opportunity Employer.  
We comply with all applicable local, state and federal  
civil rights and equal employment laws and regulations.

NAME/ Last, First, Middle \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_

**(Please Print in Black or Blue Ink)**

**Fill out application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. Be sure to sign when completed.** In considering your application for employment, this facility may conduct a detailed and through 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	MIDDLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE

HOME TELEPHONE NO: ( )	
CONTACT TELEPHONE NO: ( )	
E-MAIL ADDRESS:	
BEST TIME TO CONTACT YOU:	DATE AVAILABLE FOR WORK:

ANY PREVIOUS NAME (S)? YES  NO  IF YES, IDENTIFY ALL OTHER NAMES INCLUDING MAIDEN NAME:  
 \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

HOW WERE YOU REFERRED TO THIS FACILITY?  
 \_\_\_\_\_

RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? YES  NO   
 NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?	ARE YOU 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>
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DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE? YES  NO

LONG RANGE OCCUPATIONAL GOALS:  
 \_\_\_\_\_

ARE YOU APPLYING FOR:  
 FULL TIME  PART TIME  
 REGULAR  TEMPORARY

WOULD YOU CONSIDER WORKING:  
 WEEKENDS & HOLIDAYS YES  NO   
 ROTATING SHIFTS YES  NO   
 ON CALL YES  NO

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?  
 YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR SUBJECTED TO DEFERRED ADJUDICATION ON A FELONY CHARGE? YES  NO   
 IF YOUR ANSWER IS "YES" EXPLAIN IN CONCISE DETAIL ON A SEPARATE PAGE, GIVING DATES AND NATURE OF THE OFFENSE, NAME AND LOCATION OF THE COURT, AND DISPOSITION OF THE CASE (S). A CONVICTION MAY NOT DISQUALIFY YOU, BUT A FALSE STATEMENT WILL.  
 NOTE: WE MAY REQUIRE ADDITIONAL INFORMATION RELATED TO CONVICTIONS OF MISDEMEANORS.

**EDUCATION (NOTE: APPLICANTS MAY BE REQUIRED TO PROVIDE PROOF OF DIPLOMA, DEGREE, TRANSCRIPTS, LICENSES, CERTIFICATIONS, AND REGISTRATIONS.)**

**EDUCATION SKILLS**

Type of School	Name and Address of School	Type of Diploma or Degree	Major/Minor Fields of Study	Did you graduate?	Circle Last Year Completed
Colleges or Universities				YES <input type="checkbox"/> NO <input type="checkbox"/>	1 2 3 4
				YES <input type="checkbox"/> NO <input type="checkbox"/>	1 2 3 4
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>	1 2 3 4
Technical or Vocational Schools				YES <input type="checkbox"/> NO <input type="checkbox"/>	1 2 3 4
				YES <input type="checkbox"/> NO <input type="checkbox"/>	1 2 3 4

AREA (S) OF SPECIALIZATION OR MAJOR INTEREST:	TYPING: APPROX. WPM	SHORTHAND: APPROX. WPM
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**EDUCATION SKILLS**

<b>PROFESSIONAL LICENSES</b>				<b>PROFESSIONAL CERTIFICATIONS</b>	
<input type="checkbox"/> CURRENTLY LICENSED	<input type="checkbox"/> ELIGIBLE FOR LICENSE	LICENSE OR REGISTRATION <u>EVER</u> SUSPENDED, REVOKED OR ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:		<input type="checkbox"/> CURRENTLY CERTIFIED	<input type="checkbox"/> ELIGIBLE FOR CERTIFICATION
<input type="checkbox"/> CURRENTLY REGISTERED	<input type="checkbox"/> ELIGIBLE FOR REGISTRATION				DATE ISSUED:
TYPE: _____	STATE: _____	DATE ISSUED: _____	No: _____	TYPE: _____	STATE: _____
<input type="checkbox"/> CURRENTLY LICENSED	<input type="checkbox"/> ELIGIBLE FOR LICENSE	LICENSE OR REGISTRATION <u>EVER</u> SUSPENDED, REVOKED OR ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:		<input type="checkbox"/> CURRENTLY CERTIFIED	<input type="checkbox"/> ELIGIBLE FOR CERTIFICATION
<input type="checkbox"/> CURRENTLY REGISTERED	<input type="checkbox"/> ELIGIBLE FOR REGISTRATION				DATE ISSUED:
TYPE: _____	STATE: _____	DATE ISSUED: _____	No: _____	TYPE: _____	STATE: _____

**LANGUAGE**

<b>LANGUAGE SKILLS</b>							
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

**PREVIOUS EXPERIENCE**

<b>PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER</b>				
EMPLOYER _____	FROM: _____	TO: _____	SUPERVISOR'S NAME _____	SALARY (Hr/Mo/Yr): _____
JOB TITLE _____		PHONE: _____		
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
EMPLOYER _____	FROM: _____	TO: _____	SUPERVISOR'S NAME _____	SALARY (Hr/Mo/Yr): _____
JOB TITLE _____		PHONE: _____		
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
EMPLOYER _____	FROM: _____	TO: _____	SUPERVISOR'S NAME _____	SALARY (Hr/Mo/Yr): _____
JOB TITLE _____		PHONE: _____		
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

DID YOU SERVED IN THE U.S. ARMED SERVICES? YES  NO  WHAT BRANCH?

HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES? YES  NO  WHERE?

BRIEFLY DESCRIBE DUTIES AND SKILLS ACQUIRED THROUGH MILITARY OR VOLUNTEER SERVICE: (INCLUDE DATES)

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES OR CURRENT EMPLOYEES OF THIS ORGANIZATION:

NAME	RELATIONSHIP	TELEPHONE	TITLE	COMPANY NAME

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I hereby affirm that the information provided on this application ( and accompanying resume, if any) 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 employments, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that this authorization shall be valid for this and any future reports that may be requested.

I understand that my employment is at-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 into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TO BE COMPLETED AFTER EMPLOYED HIRED? YES  NO  SEE COMMENTS BELOW:

REFERENCES CHECKED BY: \_\_\_\_\_ (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? YES  NO   EXEMPT  FULL TIME  TEMPORARY  NON-EXEMPT  PART TIME

STARTING DATE : \_\_\_\_\_ STARTING SALARY / HOURLY RATE: \$ \_\_\_\_\_

HOURS PER WEEK : \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

JOB TITLE : \_\_\_\_\_ DEPARTMENT : \_\_\_\_\_ SUPERVISOR'S SIGNATURE \_\_\_\_\_

REFERENCES

SIGNATURE

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