

For Office Use Only

Date Received _____

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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

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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"/>	
DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
LONG RANGE OCCUPATIONAL GOALS:			

HOME TELEPHONE NO: ()	
CONTACT TELEPHONE NO: ()	
E-MAIL ADDRESS:	
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: WEEKENDS & HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS YES <input type="checkbox"/> NO <input type="checkbox"/> ON CALL YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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
College				YES <input type="checkbox"/> NO <input type="checkbox"/>	1 2 3 4
University				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			

LANGUAGE

PREVIOUS EXPERIENCE

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

LANGUAGE SKILLS							
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

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH <u>MOST RECENT</u> EMPLOYER				
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 SERVE 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 _____

ALL INFORMATION PROVIDED WILL BE PUBLIC RECORD AND WILL BE RELEASED UPON REQUEST, UNLESS EXEMPT OR CONFIDENTIAL.

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

☐ NON-EXEMPT

☐ FULL TIME

☐ TEMPORARY

☐ 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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