

# MATAGORDA COUNTY

HOSPITAL DISTRICT

...promoting a smoke and drug free environment

104 7th Street

Bay City, Texas 77414

## Application for Employment

Date:

An Equal Opportunity Employer

The policies of these institutions prohibit discrimination in employment because of race, color, religion, national origin, sex, disability, age 40 and over, disabled or Vietnam era veteran status.

**(PLEASE PRINT USING BALL POINT PEN OR TYPE) DO NOT LEAVE ANY SPACES BLANK.**

PERSONAL											
LAST NAME	FIRST	MIDDLE	OTHER NAME(S)	HOME PHONE	SOCIAL SECURITY NUMBER						
PRESENT ADDRESS STREET & NUMBER			CITY	STATE	ZIP	BUSINESS PHONE					
U.S. CITIZEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF NO, TYPE OF WORK AUTHORIZATION DOCUMENT:		EXPIRATION DATE:						
LAST PREVIOUS ADDRESS: STREET							APT. NO	CITY	STATE	ZIP CODE	DATES OF RESIDENCE
JOB DATA											
POSITION DESIRED:											
1. _____ 2. _____											
SEEKING	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	WILLING TO WORK OFF SHIFTS	WILLING TO WORK OVERTIME	AVAILABLE TO WORK WEEKENDS	SALARY REQUIRED						
LIST SHIFT PREFERENCE:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO						
ARE YOU PRESENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PREVIOUSLY EMPLOYED BY MATAGORDA COUNTY HOSPITAL DISTRICT?	DATE AVAILABLE FOR WORK						
				<input type="checkbox"/> YES	DATES:	<input type="checkbox"/> NO					
U.S. MILITARY											
BRANCH OF SERVICE	DATE ENTERED		DATE OF DISCHARGE		RANK AT DISCHARGE						
NATURE OF DUTIES AND SPECIAL TRAINING RECEIVED:											
EDUCATION AND TRAINING											
PLEASE INDICATE ANY EDUCATION, VOCATIONAL, ON-THE-JOB, OR ANY OTHER TRAINING YOU HAVE RECEIVED WHICH WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS AND/OR IN DETERMINING YOUR QUALIFICATIONS FOR A POSITION FOR WHICH YOU DESIRE TO BE CONSIDERED.											
HIGH SCHOOL	NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED		DIPLOMA, DEGREE AND/OR TRAINING RECEIVED	MAJOR/MINOR					
			MONTH	YEAR	TO	MONTH	YEAR				
			____	____		____	____				
			____	____		____	____				
			____	____		____	____				
			____	____		____	____				
			____	____		____	____				
FOREIGN LANGUAGE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK											
TYPING SPEED	PLEASE LIST COMPUTER HARDWARE/SOFTWARE, AND ANY OTHER OFFICE EQUIPMENT USED:										
WPM											
ARE YOU REGISTERED, CERTIFIED OR LICENSED FOR ANY PROFESSION, SKILL, OR TRADE? PLEASE SPECIFY			LICENSE NO.	STATE	YEAR OBTAINED	EXPIRATION DATE					
DO YOU HAVE ANY STIPULATIONS AGAINST YOUR LICENSE?			<input type="checkbox"/> YES	IF YES, EXPLAIN							
			<input type="checkbox"/> NO								

**GENERAL**

HAVE YOU EVER BEEN CONVICTED OF OR BEEN ON DEFERRED ADJUDICATION FOR, OR ARE YOU NOW EITHER AWAITING TRIAL FOR OR ON DEFERRED ADJUDICATION FOR A FELONY OR MISDEMEANOR?  
 IF YES, DESCRIBE IN FULL INCLUDING DATES AND LOCATIONS.  YES  NO

CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT.

**WORK EXPERIENCE**

**INSTRUCTIONS:** LIST BELOW YOUR EMPLOYMENT HISTORY, BEGINING WITH YOUR **MOST RECENT EMPLOYER**. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING ANY PERIODS OF UNEMPLOYMENT AND THE REASONS THEREOF. REQUESTED INFORMATION MUST BE COMPLETED, EVEN IF RESUME ACCOMPANIES APPLICATION.

NAME OF EMPLOYER		TYPE OF BUSINESS		STREET ADDRESS			
YOUR NAME AS IT APPEARED IN EMPLOYER'S RECORDS				CITY, STATE, ZIP CODE			
FROM MONTH	YEAR	TO MONTH	YEAR	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	TELEPHONE
JOB TITLE(S)						REASON FOR LEAVING	
DESCRIPTION OF DUTIES							
NAME OF EMPLOYER		TYPE OF BUSINESS		STREET ADDRESS			
YOUR NAME AS IT APPEARED IN EMPLOYER'S RECORDS				CITY, STATE, ZIP CODE			
FROM MONTH	YEAR	TO MONTH	YEAR	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	TELEPHONE
JOB TITLE(S)						REASON FOR LEAVING	
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JOB TITLE(S)						REASON FOR LEAVING	
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FROM MONTH	YEAR	TO MONTH	YEAR	STARTING PAY	FINAL PAY	NAME AND TITLE OF SUPERVISOR	TELEPHONE
JOB TITLE(S)						REASON FOR LEAVING	
DESCRIPTION OF DUTIES							

IF YOU HAVE ADDITIONAL PLACES OF EMPLOYMENT, ASK FOR AN ADDITIONAL APPLICATION

HOW WERE YOU REFERRED TO MCHD?

- EMPLOYEE REFERRAL - NAME \_\_\_\_\_
- NEWSPAPER AD \_\_\_\_\_ (PLEASE BE SPECIFIC)
- JOURNAL AD \_\_\_\_\_ (PLEASE BE SPECIFIC)
- CONVENTION OR JOB FAIR \_\_\_\_\_ (LOCATION) \_\_\_\_\_ (PLEASE BE SPECIFIC) \_\_\_\_\_ (DATE)
- FORMER EMPLOYEE OF MCHD \_\_\_\_\_
- OTHER - EXPLAIN \_\_\_\_\_

DO YOU HAVE RELATIVES EMPLOYED AT MCHD?  YES  NO

IF SO, WHO? \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

RELATIONSHIP? \_\_\_\_\_

I hereby certify that the information I supplied in this application is true, complete, and correct to the best of my knowledge, and I understand that any information I withheld or falsely provided in connection with the foregoing application shall be cause for rejection of this application or termination of employment. I herby authorize Matagorda County Hospital District, without liability, to contact prior employers (present employers if authorized), schools or references I have given and authorized said employers, schools or references to make full response to any inquiries by Matagorda County Hospital District in connection with this application for Employment, including police records. I agree to observe and abide by all rules, regulations, policies and procedures of Matagorda County Hospital District.

**I UNDERSTAND AND AGREE THAT IF EMPLOYED, MY EMPLOYMENT WITH THE HOSPITAL DISTRICT WILL BE AN "AT WILL" RELATIONSHIP AND MY EMPLOYMENT MAY BE TERMINATED BY ME OR THE HOSPITAL DISTRICT AT ANY TIME WITHOUT NOTICE, WITH OR WITHOUT CAUSE. I ALSO UNDERSTAND AND AGREE THAT THE "AT WILL" NATURE OF THIS RELATIONSHIP CANNOT BE MODIFIED EXCEPT BY SPECIFIC WRITTEN CONDITIONS OF MY EMPLOYMENT, INCLUDING MY COMPENSATION AND BENEFITS, CAN BE CHANGED OR TERMINATED WITHOUT CAUSE OR NOTICE AT ANY TIME BY THE HOSPITAL DISTRICT, AND THAT THE EMPLOYEE HANDBOOK, POLICY MANUAL, OR OTHER HOSPITAL COMMUNICATIONS TO EMPLOYEES ARE NOT TO BE CONSTRUED AS CREATING ANY FORM OF CONTRACT OR EMPLOYMENT AGREEMENT BETWEEN THE UNDERSIGNED AND THE HOSPITAL DISTRICT.**

I understand and agree, that as a condition of employment I will be required to pass a scheduled drug/alcohol screening. Matagorda County Hospital District *promotes a smoke and drug free environment.*

I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING PARAGRAPHS.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE IN THE SPACE BELOW**

Interviewer \_\_\_\_\_

Title \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Recommendations: