

PARKER COUNTY HOSPITAL DISTRICT

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			Desired Salary
Position Applied for			FT <input type="checkbox"/> PT <input type="checkbox"/> PRN <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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Please check your business skills.

List all machines, equipment and software you can efficiently operate.

1. Have you ever been convicted by any federal, state, or other law enforcement authority for Violating a federal, state, county or municipal law, regulation or ordinance? Yes No
If Yes, please explain: _____

2. Have you ever worked for Parker County Hospital District? Yes No
If Yes, list dates and department(s). _____

3. Have you ever been convicted of violating Medicare/Medicaid rules and regulations?
 Yes No If Yes, describe. _____

4. Do you have any relatives working for Parker County Hospital District? Yes No
If Yes, list names, relationships and department where employed. _____

5. Have you ever been discharged or asked to resign because of unsatisfactory conduct or performance of duties? Yes No If Yes, indicate place of employment and circumstances.

6. Parker County Hospital District may contact your present employer? Yes No
Former employer? Yes No

This space is provided for you to make additional comments you wish to include.

I hereby certify that the foregoing statements as well as those on any attachments to this form are to the best of my knowledge true and correct and that they are given of my own free will. I agree that any misstatements or omissions as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. If this application is considered favorably, I understand I must pass a drug screen as a condition of employment. I understand that if employed I will serve an initial provisional period during which time I may be separated from employment as unsuited to the assigned position, and that continued employment is not guaranteed. I agree to abide by and comply with all the rules and regulations of Parker County Hospital District.

Signature: _____ Date: _____