

EMPLOYMENT APPLICATION

**305 Mallard Lane
Taylor, Texas 76574**

**(512) 352-7611 ~ 365-2041 (metro)
(512) 352-5166 FAX
www.johnscommunityhospital.org**

JOHNS COMMUNITY HOSPITAL
305 Mallard Lane
Taylor, Texas 76574

APPLICANT INFORMATION

**YOUR
APPLICATION
FOR
EMPLOYMENT**

We welcome your application for employment. Please make certain that the attached application is completed thoroughly and that you have signed the authorization for release of information. You may attach a resume and refer to it in your application. Please use the abbreviation "N/A" (Not Applicable) for sections which do not apply to you. **Incomplete applications will not be considered.**

INTERVIEW

The most qualified candidates will be contacted for interviews. After interviews are conducted, the candidate who best meets the requirements for the position will be extended an offer of employment.

**POST OFFER,
PRE-EMPLOYMENT
PHYSICAL**

A physical examination of an applicant who has been offered a position will be done to assure the placement of the individual in work that matches his/her physical abilities without hazard to himself/herself or others. Employment is contingent upon the individual passing the physical conducted by medical personnel contracted by the hospital.

**APPLICATION
ON FILE**

Your application will remain in our active files for a period of one year. Should an appropriate opening occur, your application will be reviewed along with others. Please notify us in writing if your address or telephone number change.

**EMPLOYEE
INJURIES**

This hospital does not subscribe to the workers' compensation program. We handle employee injuries that occur on the job through our own managed care approach to health benefits. You will have certain responsibilities in that regard if you are employed and wish to have such benefits available to you.

**DRUG/ALCOHOL
TESTING**

This hospital does pre-employment and random testing for drugs and alcohol for personnel including but not limited to licensed nursing and pharmacy personnel who have direct access to narcotic medications.

**EQUAL
OPPORTUNITY
EMPLOYER**

Johns Community Hospital is an Equal Opportunity Employer and does not discriminate in employment practices on the basis of race, religion, color, age, national origin, disability, or any other legally protected status.

Should you need any accommodation in the application process, please ask for an administration representative.

You may tear this sheet off and keep it for a reference

JOHNS COMMUNITY HOSPITAL APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION
APPLICATION DATE:

NAME:			NO:		SOCIAL SECURITY
LAST	FIRST	MIDDLE			
PRESENT ADDRESS:					
STREET	CITY	STATE	ZIP		
PERMANENT ADDRESS:					
STREET	CITY	STATE	ZIP		
PHONE NO:		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>					
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please explain: _____					
What foreign languages do you: Speak? _____ Read? _____ Write? _____					
Do you have any relatives working at Johns Community Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? _____					

EMPLOYMENT DESIRED

POSITION (OR DEPARTMENT):	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>		
WE ROUTINELY CONTACT AN APPLICANT'S CURRENT EMPLOYER FOR REFERENCE CHECKS. WOULD THIS POSE ANY PARTICULAR DIFFICULTY FOR YOU? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, PLEASE EXPLAIN: _____		
EVER APPLIED TO THIS COMPANY BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/> WHEN? (approximately) _____		

EDUCATION	Name & Location of School	No. of Years Attended	Did You Graduate? Degree Obtained?	College Major
Grammar School				N/A
High School				N/A
College				
Trade, Business or Correspondence School				

PROFESSIONAL LICENSES and/or CERTIFICATIONS

Type/Number	Organization or State Issued	Date Issued

 U.S. MILITARY OR
NAVAL SERVICE

RANK

 PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (List Below Last Three Employers, Starting With Last One First.)

CURRENT OR LAST EMPLOYER:

Name of Company: _____ Phone: _____

Address: _____ From: ____/____/____ To ____/____/____

Type of Business: _____

Position/ Duties: _____

Supervisor: _____

Weekly Starting Salary: _____ Weekly Ending Salary: _____

Reason for Leaving: _____

NEXT PREVIOUS EMPLOYER:

Name of Company: _____ Phone: _____
 Address: _____ From: ____/____/____ To ____/____/____
 Type of Business: _____
 Position/ Duties: _____
 Supervisor: _____
 Weekly Starting Salary: _____ Weekly Ending Salary: _____
 Reason for Leaving: _____

NEXT PREVIOUS EMPLOYER:

Name of Company: _____ Phone: _____
 Address: _____ From: ____/____/____ To ____/____/____
 Type of Business: _____
 Position/ Duties: _____
 Supervisor: _____
 Weekly Starting Salary: _____ Weekly Ending Salary: _____
 Reason for Leaving: _____

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT? Yes No

If so, please explain: _____

Do you have your own reliable transportation? Yes No

Use this space to give us other information about your personal qualities, work, style, interpersonal skills, or communication skills which would assist us in placing you:

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1)			
2)			
3)			

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience, training, and personal information as requested on this job application.

I voluntarily give **JOHNS COMMUNITY HOSPITAL (JCH)** the right to thoroughly investigate my work, education, and background history. I voluntarily give my former educators and employers the right to release these records in their entirety. I will hold no person or organization liable for giving or receiving information in any investigation.

I understand that any employment by this hospital will be on a 90-day probationary basis. If employed by **JCH**, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be the cause for immediate dismissal. I authorize any inquiry to be made on any information contained in this application if I am considered for employment.

I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such change as directed by my supervisor or the hospital Administrator.

I understand that my employment will require certain physical capabilities relating to ability to lift and transport patients and/or objects or to assist other employees in physical tasks. I also understand that my employment, both initial and continued, may be conditioned upon maintaining a favorable health evaluation as it affects my ability to perform the job duties for which I am hired. If requested, I agree to submit, at any time, to a physical examination, performed by qualified medical personnel of **JCH's** choice and such examination shall be paid for by **JCH**. I also agree that all information concerning said physical examination may be supplied to **JCH**, or an authorized agent of this hospital, upon their request.

I further understand that this is an application for employment and that no employment contract is being offered; and I understand that if employed, such employment is at-will for an indefinite period and can be terminated by either party with or without notice at any time and for any or no reason, and is subject to changes in wages, conditions, benefits, and operating policies.

Date _____ Applicant's Signature _____

FOR USE DURING INTERVIEW ONLY

I have read the job description and understand the essential functions of the position of _____ . I acknowledge that I am able to perform these essential functions (Job Title) with or without reasonable accommodation. Although I understand that I am not required to furnish this information, I believe the following could be done to accommodate me in the performance of the duties for which I am being interviewed: _____

RELEASE and AUTHORIZATION

I, _____, hereby authorize JOHNS COMMUNITY HOSPITAL to investigate all facts contained in my application for employment with said hospital, and authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

A copy of this release shall be as valid as the original.

Applicant's Signature: _____

Printed Name of Applicant: _____ Date: _____