



## **EMPLOYMENT APPLICATION**

**305 Mallard Lane  
Taylor, Texas 76574**

**512-352-7611 ~ 365-2041 (metro)  
512-352-5166 FAX**

**[www.johnscommunityhospital.org](http://www.johnscommunityhospital.org)**

**JOHNS COMMUNITY HOSPITAL  
305 Mallard Lane  
Taylor, Texas 76574**

**APPLICANT INFORMATION**

<b>YOUR APPLICATION FOR EMPLOYMENT</b>	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. <b><u>Incomplete applications will not be considered.</u></b>
<b>INTERVIEW</b>	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.
<b>POST OFFER, PRE-EMPLOYMENT PHYSICAL</b>	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.
<b>CRIMINAL HISTORY CHECK</b>	This hospital will conduct a criminal history background investigation on any applicants whose job duties would include direct patient contact.
<b>APPLICATION ON FILE</b>	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.
<b>EMPLOYEE INJURIES</b>	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.
<b>DRUG/ALCOHOL TESTING</b>	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.
<b>EQUAL OPPORTUNITY EMPLOYER</b>	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

**APPLICATION DATE:**

NAME:			SOCIAL SECURITY NO:
LAST	FIRST	MIDDLE	
ADDRESS:			
STREET	CITY	STATE	ZIP
MAILING ADDRESS:			
STREET	CITY	STATE	ZIP
PHONE NO:		E-MAIL ADDRESS:	
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				
High School				
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 & Title: \_\_\_\_\_  
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 & Title: \_\_\_\_\_  
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 & Title: \_\_\_\_\_  
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	PHONE NUMBER
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 including criminal 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 changes as directed by my supervisor or the hospital CEO.

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 including drug and alcohol testing, 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 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: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Interviewed by: \_\_\_\_\_ Interview Date: \_\_\_\_\_

## RELEASE AND AUTHORIZATION

I, \_\_\_\_\_, voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, credit history, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to Employment Screening Services, Inc. and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photogenic or faxed copy of the authorization shall be as valid as the original. In compliance with the 1990 Americans with Disabilities Act, a worker compensation search may only be requested when a conditional job offer exists.

Applicant's Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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