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

HOME TELEPHONE NO: ( )

CONTACT TELEPHONE NO: ( )

E-MAIL ADDRESS:

BEST TIME TO CONTACT YOU:

DATE AVAILABLE FOR WORK:

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☐ NO☐
NAME: DEPT: RELATIONSHIP:

HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY? YES☐ NO☐ WHEN?

ARE YOU 18 YEARS OF AGE OR OLDER? YES☐ NO☐

DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE? YES☐ NO☐

LONG RANGE OCCUPATIONAL GOALS:

ARE YOU APPLYING FOR:
☐ FULL TIME ☐ PART TIME
☐ REGULAR ☐ TEMPORARY

WOULD YOU CONSIDER WORKING:
WEEKENDS & HOLIDAYS YES☐ NO☐
ROTATING SHIFTS YES☐ NO☐
ON CALL YES☐ NO☐

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?
YES☐ NO☐

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 SKILLS

EDUCATION (NOTE: APPLICANTS MAY BE REQUIRED TO PROVIDE PROOF OF DIPLOMA, DEGREE, TRANSCRIPTS, LICENSES, CERTIFICATIONS, AND REGISTRATIONS.

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 ☐ NO ☐	1 2 3 4
University				YES ☐ NO ☐	1 2 3 4
High School				YES ☐ NO ☐	1 2 3 4
Technical or Vocational Schools				YES ☐ NO ☐	1 2 3 4
				YES ☐ NO ☐	1 2 3 4

AREA (S) OF SPECIALIZATION OR MAJOR INTEREST: | TYPING: APPROX. WPM

EDUCATION SKILLS

PROFESSIONAL LICENSES

☐ CURRENTLY LICENSED ☐ ELIGIBLE FOR LICENSE

☐ CURRENTLY REGISTERED ☐ ELIGIBLE FOR REGISTRATION

TYPE: STATE: DATE ISSUED: No:

HAS YOUR LICENSE OR REGISTRATION EVER BEEN SUSPENDED, REVOKED OR ON PROBATION?

☐ YES ☐ NO IF YES, EXPLAIN:

☐ CURRENTLY LICENSED ☐ ELIGIBLE FOR LICENSE

☐ CURRENTLY REGISTERED ☐ ELIGIBLE FOR REGISTRATION

TYPE: STATE: DATE ISSUED: No:

LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION?

☐ YES ☐ NO I F YES, EXPLAIN:

PROFESSIONAL CERTIFICATIONS

☐ CURRENTLY CERTIFIED

☐ ELIGIBLE FOR CERTIFICATION

TYPE: STATE: DATE ISSUED:

☐ CURRENTLY CERTIFIED

☐ ELIGIBLE FOR CERTIFICATION

TYPE: STATE: DATE ISSUED:

LANGUAGE

LANGUAGE SKILLS

LANGUAGE	DO YOU?							
		☐ SPEAK	☐ FAIR ☐ GOOD ☐ FLUENT	☐ READ	☐ FAIR ☐ GOOD ☐ FLUENT	☐ WRITE	☐ FAIR ☐ GOOD ☐ FLUENT
LANGUAGE	DO YOU?						
		☐ SPEAK	☐ FAIR ☐ GOOD ☐ FLUENT	☐ READ	☐ FAIR ☐ GOOD ☐ FLUENT	☐ WRITE	☐ FAIR ☐ GOOD ☐ FLUENT

PREVIOUS EXPERIENCE

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT 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)

_____

_____

REFERENCES

LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES OR CURRENT EMPLOYEES OF THIS ORGANIZATION:

NAME	RELATIONSHIP	TELEPHONE	TITLE	COMPANY NAME

SIGNATURE

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.

FOR OFFICE USE ONLY

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 ☐ PART TIME ☐ TEMPORARY
STARTING DATE :		STARTING SALARY / HOURLY RATE: $	
HOURS PER WEEK :		SUPERVISOR'S NAME	
JOB TITLE :	DEPARTMENT :	SUPERVISOR'S SIGNATURE	