

Cochran Memorial Hospital

EMPLOYMENT APPLICATION

201 E. Grant Ave. Morton, Texas 79346
Phone (806) 266-5566 Fax (806) 266-5342

Please **PRINT** in ink.

Do not leave any field blank; if it does not apply to you, please write in NA or N/A.

In considering your application, the facility may conduct a detailed and thorough investigation, which may include, but is not limited to criminal record, interviews, and/or inquiries of prior employers, coworkers, acquaintances, relatives and/or friends.

Personal		
Last Name	First Name	Middle
Physical Address		
City	State	Zip
Date of Birth	Phone	Social Security Number
List any previous names, including maiden name		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen or an alien legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position applied for:	Date available to start work	Desired Salary
Best time to contact you	How were you referred to our hospital?	
Which are you applying for: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> PRN (as needed)		
Are you able to work: <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> On Call <input type="checkbox"/> Any Shift		
Have you been employed here in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when:	
Names of relatives or friends employed here, and relationship to you, if any:		
Long range occupational goals:		
<i>Answering "Yes" to the questions below will NOT automatically disqualify you from employment consideration, except as required by state and federal law.</i>		
Have you ever been convicted of, or pled guilty to a crime (excluding misdemeanor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain		
Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain		

Education/Skills					
	Name & Address of school	Course of Study	Circle last year completed	Year graduated	List diploma or degree
High School			1 2 3 4		
College			1 2 3 4		
College			1 2 3 4		
Other business or special courses (include military training, post graduate, and nursing)					
Area(s) of specialization or major interest			Typing: WPM (approx.)	Shorthand: WPM (approx.)	
List healthcare, business, or industrial equipment operated:					
Professional Licenses					
Type	State	Date	Number		
<input type="checkbox"/> Currently licensed <input type="checkbox"/> Currently registered <input type="checkbox"/> Eligible for license <input type="checkbox"/> Eligible for registration License or registration <u>ever</u> suspended, revoked or on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain:					
Type	State	Date	Number		
<input type="checkbox"/> Currently licensed <input type="checkbox"/> Currently registered <input type="checkbox"/> Eligible for license <input type="checkbox"/> Eligible for registration License or registration <u>ever</u> suspended, revoked or on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain:					
Professional Certifications					
Type	State	Date	Number		
<input type="checkbox"/> Currently Certified <input type="checkbox"/> Eligible for certification					
Type	State	Date	Number		
<input type="checkbox"/> Currently Certified <input type="checkbox"/> Eligible for certification					
Language(s)					
Language	Speak	Read	Write		
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent		
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent		

Military & Volunteer Information				
Have you served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what branch?				
Do you volunteer your time or services? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?				
Briefly describe duties & skills acquired through military and/or volunteer service (include dates)				
Previous Employment – Provide information regarding previous employment, beginning with most recent employer. Attach a separate sheet of paper, if needed.				
Employer Name	From	To	Supervisor's Name	Salary
Address				
Job Title	Duties			
Reason for leaving				
Employer Name	From	To	Supervisor's Name	Salary
Address				
Job Title	Duties			
Reason for leaving				
Employer Name	From	To	Supervisor's Name	Salary
Address				
Job Title	Duties			
Reason for leaving				
Employer Name	From	To	Supervisor's Name	Salary
Address				
Job Title	Duties			
Reason for leaving				
Identify & explain any gaps in employment longer than three (3) months				

References – List three (3) references who are NOT relatives

Name	Title	Relationship	Phone
Company Name & Address			
Name	Title	Relationship	Phone
Company Name & Address			
Name	Title	Relationship	Phone
Company Name & Address			

Signature – CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided in this application (and accompanying resume) 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 further consideration for employment and may result in termination of employment if discovered at a later date if I am employed by the facility.

I understand that employment may be conditional upon successfully passing a medical examination and that I will be required to complete and pass 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 employment, and I completely release all such person or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement to the preceding sentence, except for a written, notarized agreement signed by an administrative representative of this facility.

_____ Date _____
Signature

FOR OFFICE USE ONLY

Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	Employee Number Cost center	If applicant is under 18 years of age, is proof of age on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	Position & Department Shift	

Date references were checked and by whom:

Reference #1 checked by _____ Date _____

Reference #2 checked by _____ Date _____

Reference #3 checked by _____ Date _____

Date evaluation period completed:	Approved by (printed name)	Approved by (signature)
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Emergency Contact

Name	Relationship	Phone	Address
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