



Uvalde Memorial Hospital

Application for Employment

Please read before filling out this application

It is the policy of Uvalde Memorial Hospital to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, sex, age, sexual orientation, national origin, disability or handicap or veteran status.

This application will be given every consideration but its receipt does not imply that there are any positions open, or that an applicant will be employed. Only applicants meeting the minimum requirements for a position, as determined by Uvalde Memorial Hospital will be considered for employment. Should more than one qualified person make an application, Uvalde Memorial Hospital reserves the right to select the applicant, in its opinion, with the best qualifications.

A clear understanding of your background and work history will aid us in assessing your qualifications. An incomplete application will be rejected. Please **Print** all information. Use ink.

PERSONAL HISTORY

Name _____
Last First Middle

Other names used in prior employment: _____

Present Address _____
Number Street

City State Zip
Telephone Number Social Security No. _____

Position Applied for: _____ **Type of position:** _____
_____ Full Time _____ Part Time _____ Temporary

Date available for work: _____ **Shift:** _____
_____ Day _____ Night _____ Evening _____ Rotation

Nursing or Professional License

State		Current License No	
State		Current License No	
State		Current License No	
State		Current License No	

Have any License privileges been suspended or revoked? _____

If so, why and where? _____

Have you ever been convicted of a felony? _____ If yes, Please explain

(Conviction of such crime does not constitute an absolute bar to employment.)

EDUCATION

School	Name and Address School	Year Graduated	Highest Grade Completed	Course of Study	Diploma or Degree
High School					
College					
Other (Specify)					

Have you served in the U.S. Armed Forces? _____ Yes _____ No

Did you receive any special training? _____

If so, explain _____

ADMINISTRATIVE PERSONNEL

Typing ___ wpm Dictating Equipment _____ 10 Key _____

What software are you proficient with?

Word Processing: WordPerfect _____
 Microsoft Word _____
 Other _____

Worksheet: Excel _____
 Other _____

Other: _____

EMPLOYMENT RECORD

Starting with present to most recent, list all previous employers. Include self-employment, summer, part time jobs and any period of unemployment. If you need more space, please continue on a separate sheet, please continue on a separate sheet if necessary. Please indicate any change of name or assumed name used in work experiences. Any gaps in information will cause this to be rejected as an incomplete application.

Name & Address of Company: _____ _____ Phone: _____ Ending Salary \$ _____ Reason for leaving ? _____	Employed From _____ to _____ Position Held _____ Name of Supervisor _____ Description of duties: _____ _____
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If you are now employed, may we contact your employer? _____ Yes _____ No
Have you previously worked for Uvalde Memorial Hospital? _____ If so when and where? _____

PERSONAL REFERENCES

Name of three persons, not relatives, who may be contacted at the present time.

Name	Address	Telephone #	Occupation

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I authorize investigation of all statements contained in this application (If I am considered for employment) and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested.

In the event of my employment to a position at Uvalde Memorial Hospital, I will comply with all rules and regulations as set forth in Uvalde Memorial Hospital policy manual or other communications distributed to all employees. If a job offer is made, I agree to complete a health evaluation which may include a physical examination by a doctor selected by Uvalde Memorial Hospital. Additionally, I authorize Uvalde Memorial Hospital to supply employment record in whole or in part to those agencies having proper legal interest. I grant Uvalde Memorial Hospital permission to use my photograph in connection with its advertising and public relations programs.

I hereby certify that I have read all the above statements and understand the same, and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions may be grounds for refusal to hire, or for immediate dismissal. I certify that I am at least 18 years old and am legally authorized to work in the United States.

Additionally, I understand that nothing contained in this employment application is or in the granting of an interview is intended to create an employment contract between Uvalde Memorial Hospital and myself for either employment or the providing of any benefit. I further understand that if I am employed by Uvalde Memorial Hospital or subsidiaries, that my employment will be for no definite term (at-will) and that either I, or Uvalde Memorial Hospital, will have the right to terminate the employment relationship at any time, with or without cause. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and Uvalde Memorial Hospital.

I understand that as a condition to this application and employment with Uvalde Memorial Hospital may be required to submit to testing for the presence of drugs or alcohol. I hereby consent to such testing. I further acknowledge that no promises regarding employment have been made to me, and that no promise or guarantee is binding upon Uvalde Memorial Hospital unless made in a written contract of employment as described above.

Applicant's Signature

Date