



WOODLAND HEIGHTS MEDICAL CENTER

505 South Redditt
Lufkin, TX 75904
Attn: Human Resources

Application for Employment

A7940 REV. 07/03

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state, and local statutes, regulation and ordinances.

This application to be active for a period of **30** days only.

		Date	Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant Name (Please Give Complete Name)		Social Security No.	Home Phone
Present Address (Include City, State, Zip Code)			
Previous Address (If at Present Address Less Than 12 Months)			
Current Open Position(s) for Which You are Applying		Type of Position	Shift
1)	2)	3)	
		<input type="checkbox"/> Per Diem <input type="checkbox"/> Pool <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Weekend <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Rotation
Salary Requirements	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours: <input type="checkbox"/> Yes <input type="checkbox"/> No
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available for Work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked in a facility associated with Triad? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what facility?	Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about this position? <input type="checkbox"/> Radio <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> School <input type="checkbox"/> Job Line <input type="checkbox"/> Internet <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____	Are you able to perform the essential, job related functions of the position for which you are applying with or without accommodations: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe any accommodations necessary.		
Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? If yes, give date, place and nature. <input type="checkbox"/> Yes <input type="checkbox"/> No Arrest or charges that have been expunged need not be disclosed.			
Are you presently charged with any violation of the law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such charge.			
Are you currently excluded from participation in any federally funded healthcare program – including Medicare and Medicaid – and are you aware of any potential exclusion from a federally funded health program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Educational History

Type of School	Name of School City, State	Check Last Year Attended in School	Degree or Certificate
High School/ GED		⑨ ⑩ ⑪ ⑫ Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		① ② ③ ④ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		① ② ③ ④ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		① ② ③ ④ Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		From (Year) To (Year)	
Other		From (Year) To (Year)	

List any professional licenses, registration or certification you possess (include Driver's License, if applicable)

Type	State Issued	Expiration Date	Number

Clerical or other skills applicable to the position for which you are applying:

Typing (_____ wpm) PBX

Proficient in Software: _____

Business machines and/or equipment you can operate: _____

Application for Employment

A7940 Rev. 07/03

Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.								
Current or Most Recent	From		To		Company	Phone Number	Immediate Supervisor	
	Mo.	Yr.	Mo.	Yr.		()		
	Salary \$		Address			May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name while employed
	Job Title				Other reference with the employer		Reason for leaving	
Nature of Duties								
First Previous	From		To		Company	Phone Number	Immediate Supervisor	
	Mo.	Yr.	Mo.	Yr.		()		
	Salary \$		Address			May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name while employed
	Job Title				Other reference with the employer		Reason for leaving	
Nature of Duties								
Second Previous	From		To		Company	Phone Number	Immediate Supervisor	
	Mo.	Yr.	Mo.	Yr.		()		
	Salary \$		Address			May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name while employed
	Job Title				Other reference with the employer		Reason for leaving	
Nature of Duties								
Third Previous	From		To		Company	Phone Number	Immediate Supervisor	
	Mo.	Yr.	Mo.	Yr.		()		
	Salary \$		Address			May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name while employed
	Job Title				Other reference with the employer		Reason for leaving	
Nature of Duties								

Professional References (Other than Relatives)

Give two references who have good knowledge of your work.

Name	Position	Address (include City / State)	Phone – Work / Home	Number of Years Known
1.				
2.				

<p>Please Review and Sign Where Indicated.</p> <p>In making application for employment:</p> <ul style="list-style-type: none"> • I certified that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. • I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. 	<ul style="list-style-type: none"> • I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES. • I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. • Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test / screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy. 	<ul style="list-style-type: none"> • I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. 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 THE ADMINISTRATOR OF THE FACILITY. <p>Release:</p> <p>I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar / Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
--	--	---

I have read and understand these conditions of employment.	Applicant Signature _____	Date Prepared _____
---	---------------------------	---------------------

Office Use Only	<input type="checkbox"/> Referred to Department _____ <input type="checkbox"/> Recommended Employment Date _____	<input type="checkbox"/> Not Qualified for Opening <input type="checkbox"/> Hold for Future Opening <input type="checkbox"/> References Checked By _____
------------------------	--	---



YALE ASSOCIATES, INC.

DISCLOSURE / AUTHORIZATION / RELEASE OF INFORMATION

NAME _____ DATE _____

(Please Print)

In connection with my application for employment with **WOODLAND HEIGHTS MEDICAL CENTER** (hereafter referred to as **WOODLAND HEIGHTS**), I authorize the procurement of an investigative consumer report and understand that it may contain information about my background, character, general reputation, mode of living, credit worthiness and job performance. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that pursuant to the Fair Credit Reporting Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer reporting agency, **YALE ASSOCIATES, INC.** (hereafter referred to as **YALE**), whose address and telephone number are listed at the bottom of this form. I understand that I may have additional rights under State law which I may determine by contacting my State or local consumer protection agency. I hereby release **WOODLAND HEIGHTS, YALE**, their officers, agents, employees, and servants from any liability arising from the preparation of this report or investigations relating thereto.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information without restriction or qualification to **YALE**, and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release the above sources and firms, including **WOODLAND HEIGHTS** and **YALE**, from liability for complying with this authorization. This authorization will be valid for any future investigative consumer reports as may be necessary during my employment with **WOODLAND HEIGHTS**.

I understand that any offer of employment from **WOODLAND HEIGHTS** will be contingent upon the results of a number of factors including this background check.

SOC.SEC.NO. _____ DATE OF BIRTH* _____

SIGNATURE _____ DATE _____ OTHER NAME(S) USED _____

California and Minnesota residents may obtain a copy of this report by checking this box.

*Date of birth is required solely for the purpose of verifying background information and to insure accuracy in the search of public records. It will be used for no other purpose.

Drivers License No. _____ State _____

RESIDENCE INFORMATION

Please provide all home addresses for the past seven (7) years, starting with your present address:

	STREET ADDRESS	CITY	STATE	ZIP	DATES FROM TO	MO./DAY/YR.
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____

Rev.4/03

Required Disclosure regarding “Ineligible Persons”

“ I, _____ hereby certify that I am not currently excluded, debarred or otherwise ineligible to participate in the Federal healthcare programs or in Federal procurement or non-procurement programs; nor have I been convicted of a criminal offense related to the provision of health care items or services.”

Signature

_____/_____
Date

Employer Name	COID	Date
<p>Equal Employment Opportunity Employers are required by the Federal Government to provide statistical information about applicants and/or employees to demonstrate that the facility meets equal employment opportunity requirements. Your completion of this form is voluntary and would be greatly appreciated.</p> <p>This information will be kept separate and confidential from the personnel file and will not be considered in and employment decisions:</p>		
Position applied for	Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F

Ethnic Category
<p>Check one:</p> <p><input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE. All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> ASIAN or PACIFIC ISLANDER. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands and Samoa. Also, persons from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim, and Sri Lanka.</p> <p><input type="checkbox"/> BLACK (not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> HISPANIC. All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race.</p> <p><input type="checkbox"/> WHITE (not of Hispanic origin). All persons having origins in any of the people of Europe, North Africa, and the Middle East.</p>

Veteran Status	
Are you a Vietnam Era Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A person who served on active duty in Vietnam between 2/26/61 and 5/7/75 for a period of 180 days or who was on active duty between 8/5/64 to 5/7/75 but not in Vietnam, and was discharged or released there from with other than a dishonorable discharge or for a service or for a service connected disability.	
Are you a Disabled Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.	