

# Application for Employment

Please Print

Please mail completed application to:  
Hansford County Hospital District  
Attn: Human Resources  
707 S. Roland  
Spearman, TX 79081

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle Init.

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # \_\_\_\_\_ Mobile/Beeper/Other Phone# \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

## Referral Source (Please check the appropriate category and name the source.)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-in _____           | <input type="checkbox"/> School _____                 |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____               |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____        |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Emp. Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                  |

If necessary, best time to call you at home is... \_\_\_\_\_ am / pm

May we contact you at work?...  Yes /  No

If **yes**, work number and best time to call:  
\_\_\_\_\_ am / pm

If you are under 18 and it is required,  
can you furnish a work permit?  Yes /  No

If **no**, please explain \_\_\_\_\_

Have you submitted an application here before?  Yes /  No

If **yes**, give date(s) and position(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed here before?  Yes /  No

If **yes**, give dates From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment  
in this country?  Yes /  No

Date available for work \_\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

## Type of employment desired

- |                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Educational Co-Op |
| <input type="checkbox"/> Seasonal  | <input type="checkbox"/> Temporary |  |

## Type of work schedule interested in (check all that apply).

- |   |   |   |                                   |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> Days (1 <sup>st</sup> Shift) | <input type="checkbox"/> Evenings (2 <sup>nd</sup> Shift) | <input type="checkbox"/> Nights (3 <sup>rd</sup> Shift) | <input type="checkbox"/> Pool     |
| <input type="checkbox"/> Weekends                     | <input type="checkbox"/> Split Shift                      | <input type="checkbox"/> Rotating Shift                 | <input type="checkbox"/> Overtime |

Will you relocate if the job requires it?  Yes /  No

Will you travel if job requires it?  Yes /  No

If they have been explained to you,  
are you able to meet the attendance  
requirements of the position  N/A /  Yes /  No

Will you work overtime if required?  Yes /  No

If **no**, please explain \_\_\_\_\_  
\_\_\_\_\_

Driver's license number required if driving may be required in the job for  
which you are applying:

DL# \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes /  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to,  
or been convicted of a crime?  Yes /  No

If **yes**, please provide date(s) and details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone#	Dates _____ to _____ Mo/Yr Mo/Yr
Street address	City	State
Starting job title/final job title		
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Later	<b>Compensation (Starting)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Why did you leave?		<b>Compensation (Final)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Commission/Bonus/Other Compensation \$ _____
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

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**Employment History (continued)**

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?  Yes /  No

If **yes**, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills and Qualifications**

Please use the space below for any additional information necessary to describe your full qualifications (i.e. specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak, read or write in any language other than English?  Yes /  No

If **yes**, please describe \_\_\_\_\_  
\_\_\_\_\_

**Education and Training**

Name of School and Address	No. of Years	Course/Major	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____

*Professionals and Technical Applicants Only*

Professional License No.	Type of License	Place of Issue	Expiration Date
_____	_____	_____	_____

**Membership in professional organizations:** If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect your license or certification?  Yes /  No

If **yes**, please give date, location, and disposition of your case \_\_\_\_\_  
\_\_\_\_\_

**References**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to you	Telephone	Number of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Related Information**

To what job-related organizations (professional, trade, etc) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization

Office(s) Held

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

\_\_\_\_\_  
\_\_\_\_\_

In your current or a prior job, have you ever written instructions or directions to be followed by employees, patients or others?  Yes /  No /  N/A

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_