



2701 Hospital Drive
 Victoria, Texas 77901-5749
 (361) 572-5066
 1-800-432-0150
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

PERSONAL	NAME: LAST			FIRST	MIDDLE/MAIDEN	DATE
	ADDRESS: NO. & STREET			CITY	STATE	ZIP
	SOCIAL SECURITY NO.	PHONE	ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE GIVE DATE(S) AND EXPLAIN. <input type="checkbox"/> Yes <input type="checkbox"/> No					

RECRUITMENT	POSITION APPLIED FOR	
	1)	2)
	WORK AVAILABILITY <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other:	
	DESIRED SHIFT <input type="checkbox"/> Any <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Other:	
	DESIRED SALARY	DATE AVAILABLE TO WORK
	ARE YOU RELATED TO ANY EMPLOYEE OR MEMBER OF THE BOARD OF DIRECTORS OF CITIZENS MEDICAL CENTER? IF YES, PLEASE GIVE NAME(S) AND RELATIONSHIP. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	HOW WERE YOU REFERRED TO CITIZENS MEDICAL CENTER? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> School <input type="checkbox"/> Other:	
PROFESSIONAL LICENSURE OR REGISTRATION (PLEASE GIVE STATE, NUMBER AND EXPIRATION DATE)		
VERIFIED BY		
HAVE YOU EVER HAD YOUR REGISTRATION OR LICENSE SUSPENDED OR REVOKED? IF YES, PLEASE EXPLAIN. <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION (Check Highest Grade Completed)	GRADE SCHOOL	HIGH SCHOOL		COLLEGE			OTHER		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	DATES ATTENDED		MAJOR SUBJECT	GRADUATED?	DEGREE
	NAME AND LOCATION OF INSTITUTION				FROM	TO			
	HIGH SCHOOL							<input type="checkbox"/> Yes <input type="checkbox"/> No	
	COLLEGE							<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL OR TRADE SCHOOL							<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT EXPERIENCE

Please indicate your record of past employment beginning with your most recent employment. Include where you have worked for the past ten years or from the time you left school.

1) EMPLOYER	POSITION HELD	SUPERVISOR'S NAME
ADDRESS NO. & STREET	CITY	STATE ZIP
DESCRIPTION OF DUTIES		PHONE NO.
REASON FOR LEAVING		DATE EMPLOYED From _____ To _____
		SALARY

2) EMPLOYER	POSITION HELD	SUPERVISOR'S NAME
ADDRESS NO. & STREET	CITY	STATE ZIP
DESCRIPTION OF DUTIES		PHONE NO.
REASON FOR LEAVING		DATE EMPLOYED From _____ To _____
		SALARY

3) EMPLOYER	POSITION HELD	SUPERVISOR'S NAME
ADDRESS NO. & STREET	CITY	STATE ZIP
DESCRIPTION OF DUTIES		PHONE NO.
REASON FOR LEAVING		DATE EMPLOYED From _____ To _____
		SALARY

Continue your record of employment by listing below any previous employers, dates employed, position held and reason for leaving:

4)

5)

HAVE YOU SERVED IN THE U.S. ARMED FORCES? IF YES, GIVE BRANCH, DATE OF SERVICE AND TYPE OF WORK.

Yes No

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? IF NO, PLEASE INDICATE BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT.

Yes No 1 2 3 4 5

Please use the space below to note any special activity, awards, or other information that may demonstrate your abilities to perform the job for which you applied:

	TYPE (WPM)	SHORTHAND (WPM)
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EMPLOYMENT WAIVER

I understand and agree that:

This is an application for employment and in no way a contract. Job duties and hours may vary from the original preference.

Any withholding of information, making false statements or misrepresentation of fact on this application could result in rejection for employment, or, if employed, termination of employment.

A medical examination, as stipulated by Citizens Medical Center policies, is required for employment. Any offer of employment is contingent upon the results of the examination in consideration of the Americans with Disabilities Act guidelines.

I authorize and request the persons, schools, law enforcement agencies, and other organizations or employers named in this application (except as noted) to provide Citizens Medical Center with any relevant information that may concern employment. I understand that a criminal background check is part of Citizens Medical Center's employment process. I waive the right to review any references received.

Should a job offer be made, proof of employability identification as required by the Immigration Reform and Control Act of 1986, will be required prior to the first day of work.

	SIGNATURE OF APPLICANT	DATE
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