



1507 WEST MAIN | GATESVILLE, TEXAS 76528 | (254) 404-2549 | FAX (254) 248-6288
Web site: www.CoryellHealth.org or E-Mail address: humanresources@coryellhealth.org

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

E-Mail Address: _____ Telephone Number: _____

If employed and you are under 18, can you furnish a work permit? Yes No NA

Relatives who are employed at Coryell Health - give names, relationship, and department:

Have you ever been employed with Coryell Health before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

In case of emergency notify: _____
Name Relationship

Address: _____
Street City State Zip Code Telephone Number

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Yes No

Proof of citizenship or immigration status is required upon employment (Form I-9)

On what date would you be available for work? _____

Are you available to work: Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No Can you travel if a job requires it? Yes No

Have you been charged or convicted of a felony within the last 7 years? Yes No
(This will not necessarily disqualify applicant from employment.)

If **Yes**, please explain _____

AN EQUAL OPPORTUNITY EMPLOYER

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
 (You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers;
 that can be reached during regular working hours (8:00 AM to 5:00PM).

NURSING APPLICANTS			
Check one if applicable:			CURRENT LICENSE NUMBER
<input type="checkbox"/> REGISTERED NURSE	<input type="checkbox"/> LICENSED VOCATIONAL NURSE	<input type="checkbox"/> STUDENT	STATE: _____
<input type="checkbox"/> GRADUATE NURSE	<input type="checkbox"/> GRADUATE VOCATIONAL NURSE		
BASIC NURSING PROGRAM		LENGTH OF PROGRAM? _____	CURRENT CERTIFICATION
<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> DEGREE: _____ B.S. _____ ADN	DATE OF GRADUATION? _____	<input type="checkbox"/> BLS <input type="checkbox"/> ACLS
			<input type="checkbox"/> PALS <input type="checkbox"/> ATLS
SCHOOL NURSING: _____			
ADDRESS: _____			
CITY: _____		STATE: _____	
ADVANCED NURSING PREPARATION			MAJOR: _____
INSTITUTE OF STUDY: _____		DATES ATTENDED: _____	DEGREE: _____
Indicate Service Preferred According to 1st. 2nd, 3rd Choice:	_____	Medical Services _____	Assisted Living _____
	_____	Surgical Services _____	Other _____
	_____	Special Care Services (ER/ICU) _____	
	_____	Nursing Home _____	
	_____	Home Health _____	

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which may indicate race, color, religion, sex or national origin.

1	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title	Hourly Rate / Salary			
			Starting	Final	
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title	Hourly Rate / Salary			
			Starting	Final	
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title	Hourly Rate / Salary			
			Starting	Final	
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title	Hourly Rate / Salary			
			Starting	Final	
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience:

Education

	High School	College/University	Graduate/Professional
School Name			
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course Study			
Describe any Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities			

Honors Received:

State any additional information you feel may be helpful to us in considering your application:

Applicant's Statement

"I certify that the facts contained in this application and in any resume or other material provided to Coryell Health are true and complete to the best of my knowledge. I understand that, if employed, omissions, incomplete statements, or false statements on this application or other materials supplied to Coryell Health shall be grounds for dismissal." _____

"I authorize investigation of all statements contained herein and authorize the employers and references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you." _____

"I understand and agree that, if hired, my employment is for no definite period and may (regardless of the date of payment of my wages and salary) be terminated at any time without any prior notice and without cause. I understand that employment for any period of time and any specific salary or benefits cannot be guaranteed to me except:
By a written employment agreement between me and Coryell Health which is signed by the CEO." _____

"In addition to all other rights provided herein, after I have accepted employment with the Hospital, I Authorize Coryell Health to contact all present or past employers and references regarding me and all facts in the application and in other materials provided by me to Coryell Health and I release all parties from any damage that may result to me from furnishing the same to you." _____

"I understand that Coryell Health has a Drug and Alcohol Policy which includes the testing by urinalysis or otherwise of all applicants and of employees for alcohol and drug use. I agree to comply with that policy and consent to taking such tests as are requested of me." _____

Date: _____ Signed: _____

***Acknowledgement: You acknowledge and consent that your electronic signature is being used to submit your Employment Application. Typing your name and checking "I Agree" will constitute your electronic signature. By clicking "I Agree," you understand that signing and submitting this document in this fashion is the legal equivalent of having placed your handwritten signature on the document. You understand and agree that by electronically signing and submitting this document in this fashion, you are affirming to the truth of the information contained in the document.**

I Agree



APPLICANT INFORMATION

This application will be active for (12) months after this application has been filed.

Name _____
Last First Middle

Position Applied for: _____

Where did you hear about us? _____

Do you have physical limitations that would hinder or impair your performance, of the essential job functions of the position for which you have applied? Yes _____ No _____

If yes, explain _____

Would any special accommodations be required? Yes _____ No _____

If yes, explain _____

I have read the Job Posting and am familiar with the general qualifications for each position for which I have made application.

I understand that Coryell Health has published certain procedures and rules as guidelines for the conduct of employees and, if employed, I will be an employee at will and that neither my application nor the employee handbook constitutes all or any part of an employment contract between Coryell Health and me.

Date _____ Signature _____

The information requested below is used by the Personnel Department in keeping records and in filing reports as required in compliance with state and federal equal employment status, as Coryell Health is an Equal Opportunity Employer. This form or the information provided will not be attached to and/or accompany your Biographical Information form or affect the decision on your employment in any manner.

Date of Birth: _____

Sex: _____ Male _____ Female

Race: _____ African American _____ Caucasian _____ Asian (includes Pacific Islanders)

_____ Hispanic (includes Spanish origin or culture) _____ American Indian (includes Alaskan natives)

I understand that this information is given voluntarily and is not a required part of the application process.

Date _____ Signature _____

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I Agree

DISCLOSURE

APPLICANT'S FULL NAME: _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth _____

Email address: _____ Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Coryell Health may obtain information about you from a consumer reporting agency made in connection with your employment, contract for services. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by: PreCheck, Inc., 3453 Las Palomas Rd., Alamogordo, NM 88310; 1(888) 773-2432] or independently by **Coryell Health**/or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Coryell Health** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, volunteering, privileges or appointment to the extent permitted by law.

APPLICANT INFORMATION

Name of High School, College, University or Institution of Professional Training where you completed the highest level (GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____

Number _____

Type _____ State/Region or Issuing Organization _____ Country _____

Number _____

You MUST read this section carefully before answering the Question Below.

- Do not report any arrest, detention, diversion, supervision, adjudication or court disposition that was subject to the process and jurisdiction of a juvenile court.
- Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, dismissed, dismissed under a first offender's law, pardoned by the Governor or which state law allows you to lawfully deny as set forth below.
- You MUST review the [state law information](#) before answering.
- You are not required to disclose violations, infractions, petty misdemeanors (MN) or summary offenses (PA).
- By selecting either "Yes" or "No" below, you are stating that you have read the applicable state notices provided above and that you provide a true and accurate statement below.
- A conviction will not necessarily be a bar to employment. This information will only be used for job-related purposes consistent with applicable law and in determining whether the conviction is related to the job for which you are applying.
- If you answer "Yes" below, provide city, county, and state where offense occurred, conviction date and nature of the offense, along with sentencing information.

QUESTION: Have you ever been convicted of, plead guilty, no contest, or nolo contendere to a misdemeanor or felony?

Yes No (Please attach a separate sheet of paper to provide additional entries.)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. City: _____ State: _____ Zip Code: _____ Date From: _____ Date To: _____

2. City: _____ State: _____ Zip Code: _____ Date From: _____ Date To: _____

3. City: _____ State: _____ Zip Code: _____ Date From: _____ Date To: _____

4. City: _____ State: _____ Zip Code: _____ Date From: _____ Date To: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Coryell Health** at any time after receipt of this authorization and throughout the term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of **Coryell Health**, and/or **Coryell Health** itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and assert that all information provided by me is true and accurate, I provide my consent. I understand that if there is a fee associated in a reference check from a previous employer and or investigative background check that if hired that fee will be payroll deducted from my earnings in full or within 5 pay periods after hire.

Signature: _____ Date _____

NAME: First: _____ Middle: _____ Last: _____

DOB _____ Last four digits of SSN: XXX-XX-_____

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I Agree

.....
Do not write below this line
OFFICE USE ONLY

Position Held: _____ Company: _____

Dates Employed: From _____ To _____

Company Representative: _____

Eligible for Rehire: YES NO Reason for Leaving: Voluntary Involuntary

Additional Comments:

Information Received By: _____ Date: _____

STATE LAW NOTICES

California applicants or employees only: Please mark this field ____ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

Colorado applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Connecticut applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Maryland applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432.

Minnesota applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; [1-888-773-2432. Place an X here ____ for a disclosure to be sent to you. Place an X here ____ for a free copy of your consumer report to be sent to you.

Montana applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com.

New York applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: ____.

Oklahoma applicants or employees only: Mark an X here ____ you would like to receive a free copy of your report.

Oregon applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Vermont applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: _____ **Date** _____

1 The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Nevada Private Investigator License # 1618