



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

<b>NURSING APPLICANTS</b>			
Check one if applicable: <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> LICENSED VOCATIONAL NURSE <input type="checkbox"/> STUDENT <input type="checkbox"/> GRADUATE NURSE <input type="checkbox"/> NURSE <input type="checkbox"/> GRADUATE VOCATIONAL NURSE			<b>CURRENT LICENSE NUMBER</b> STATE: _____
<b>BASIC NURSING PROGRAM</b> <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE: _____ B.S. _____ ADN	<b>LENGTH OF PROGRAM?</b> _____ <b>DATE OF GRADUATION?</b> _____	<b>CURRENT CERTIFICATION</b> <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> ATLS	
<b>SCHOOL NURSING:</b> _____ <b>ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____			
<b>ADVANCED NURSING PREPARATION</b> <b>INSTITUTE OF STUDY:</b> _____			<b>MAJOR:</b> _____ <b>DEGREE:</b> _____
<b>DATES ATTENDED:</b> _____			
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		<b>Work Performed</b>
		( )	From	To	
	Address				
	Job Title		Hourly Rate / Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer	Telephone	Dates Employed		<b>Work Performed</b>
		( )	From	To	
	Address				
	Job Title		Hourly Rate / Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer	Telephone	Dates Employed		<b>Work Performed</b>
		( )	From	To	
	Address				
	Job Title		Hourly Rate / Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer	Telephone	Dates Employed		<b>Work Performed</b>
		( )	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:

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**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:

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

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**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

**APPLICANT INFORMATION  
&  
DISCLOSURE**

**APPLICANT'S FULL NAME:** \_\_\_\_\_  
Any Other Names Used \_\_\_\_\_  
Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_<sup>1)</sup>  
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.: \_\_\_\_\_

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.

<sup>1)</sup> 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.

**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: \_\_\_\_\_

**ACKNOWLEDGE 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 **Coryell Health** to obtain "consumer reports" and/or "investigative consumer reports," including criminal background checks, 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 including social security verification and or motor vehicle records requested by PreCheck, Inc., 3453 Las Palomas Rd., Alamogordo, NM 88310; 1(888) 773-2432 or independently by another outside organization acting on behalf of **Coryell Health**. 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 I provide my consent. I assert that all information provided by me is true and accurate to the best of my knowledge. 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 Specific Notices**

- \* California employees/residents: You need not disclose any referral to, and participation in, any pretrial or post trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.
- \* Connecticut employees/residents: You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolle, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.
- \* Massachusetts employees/residents: An applicant for employment with a sealed record on file with the commissioner of probation may answer “no” to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer “no” to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.
- \* Philadelphia, PA employees/residents: You may exclude convictions that occurred more than 7 years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the 7 year period.
- \* San Francisco, CA employees/residents: You may exclude convictions that occurred over seven years ago and a conviction or any other determination or adjudication in the juvenile justice system, or information regarding a matter considered in or processed through the juvenile justice system.
- \* Washington State employees/residents: You may exclude convictions that occurred over ten years ago.
- \* Seattle, WA employees/residents: In addition to the above, you may exclude a criminal conviction that has been the subject of a certificate of rehabilitation or other equivalent procedure based on a finding of the rehabilitation.
- \* Georgia: Applicants may exclude convictions discharged under Georgia’s First Offender Programs.
- \* Nevada: Applicants are not required to disclose misdemeanor convictions which resulted in imprisonment older than 10 years.
- \* New York: Applicants for job positions may exclude an adjudication as a youthful offender.
- \* Ohio: Applicants with a conviction for a minor misdemeanor violation involving marijuana does not constitute a criminal record and does not need to be reported by the person so convicted in responding to the questions on this application.