**Application for Employment**  

PLEASE PRINT

**Position(s) Applied For: Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**Referral Source: □Advertisement □Employee □Government Employee Agency  
 □Walk-in □Private Employee Agency □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *Last First Middle***

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

**Telephone Number:** ……………………………………………………………………………………………………………. **(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number (Alternate):** …………..………………………………………………………………………….…. **(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have relatives employed by Medical Arts Hospital?** …………………………………………………………………………………… **□YES □NO**

**Relative’s name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been employed here before?** ………………………………………………………………………………………………………….. **□YES □NO**

**If yes, please indicate the following-  
Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Employment: \_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  
Are you legally eligible for employment in this country?** ………………………………………………………………………………………… **□YES □NO***(Proof of U.S. Citizenship or immigration status will be required upon employment.)*

**Date available to work:** ………………………………………………………………………………………………………………………………. **\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

**Type of employment desired: □Full Time □Part Time □PRN (As the situation demands)**

**Have you been convicted of a felony in the last seven (7) years?** …………………………………………………………………………… **□YES □NO***(Such conviction may be relevant if job related, but does not bar you from employment.)*

**If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Driver’s license number (if required by job):** …………………………………………………………………. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_**

**AN EQUAL OPPORTUNITY EMPLOYER**

**Employment History  
  
List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Telephone  ( ) -** | **Dates Employed** | | **Summarize the nature of the work  performed and job responsibilities** |
| **From** | **To** |
| **Address** |  |  |  |
|  |
| **Job Title** | **Hourly Rate/Salary** | |  |
| **Starting** | |  |
| **Immediate Supervisor and Title** | **$** | **Per** |  |
|  |
| **Reason for Leaving** | **Hourly Rate/Salary** | |  |
| **Final** | |  |
| **May we contact for reference? □Yes □No □Later** | **$** | **Per** |  |
|  |
|  |  |  |  |
| **Employer Telephone  ( ) -** | **Dates Employed** | | **Summarize the nature of the work  performed and job responsibilities** |
| **From** | **To** |
| **Address** |  |  |  |
|  |
| **Job Title** | **Hourly Rate/Salary** | |  |
| **Starting** | |  |
| **Immediate Supervisor and Title** | **$** | **Per** |  |
|  |
| **Reason for Leaving** | **Hourly Rate/Salary** | |  |
| **Final** | |  |
| **May we contact for reference? □Yes □No □Later** | **$** | **Per** |  |
|  |
|  |  |  |  |
| **Employer Telephone  ( ) -** | **Dates Employed** | | **Summarize the nature of the work  performed and job responsibilities** |
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|  |
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|  |
| **Reason for Leaving** | **Hourly Rate/Salary** | |  |
| **Final** | |  |
| **May we contact for reference? □Yes □No □Later** | **$** | **Per** |  |
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|  |
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| **Starting** | |  |
| **Immediate Supervisor and Title** | **$** | **Per** |  |
|  |
| **Reason for Leaving** | **Hourly Rate/Salary** | |  |
| **Final** | |  |
| **May we contact for reference? □Yes □No □Later** | **$** | **Per** |  |
|  |

**Comments (including explanation of any gaps in employment):  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education & Training  
  
  
High School or G.E.D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *Date School City/State Last Grade Completed***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **College or Trade School** | **Number Years Completed** | **Type of Degree** | **GPA** | **Major** | **Minor** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***If a license, certificate or other authorization is required/related to the position for which you are applying, complete the following:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **License/Certification** | **Date Issued** | **Issued By (State or Other)** | **License Number** | **Location of Issuing Authority (City & State)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***List any foreign language(s) and check the box that best describes your skill level.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Read and Write** | **Read and Speak** | **Read Only** | **Speak Only** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Skills/Qualifications: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (include computer languages, types of computers and computer software, word-processing, typing speed, 10-key calculator, specialized equipment or machines, tools, vehicles, heavy equipment or memberships for example).  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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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 that are not related to you.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Job Position/Title** | **Telephone** | **Years Known** |
|  |  | **( ) -** |  |
|  |  | **( ) -** |  |
|  |  | **( ) -** |  |

**It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer’s service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.**

**If required for the position, I also understand that as a condition of employment I will be subject to the following: driving record check, criminal history investigation, medical examination and a pre-employment drug-alcohol screening test. An employment offer received from the district is contingent upon information received from any required tests, checks, investigations, or exams.**

**I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.**

**The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state, or federal law.**

**This application is valid for sixty (60) 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 to fill out a new application.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**

**WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH MEDICAL ARTS HOSPITAL**

**Application Return Process**

***Physical mailing address:***

**Traci Brown  
c/o Medical Arts Hospital  
2200 N. Bryan Ave.  
Lamesa, TX 79331**

***E-mail address:***

**Traci Brown – tbrown@medicalartshospital.org**