

Application for Employment



MEDICAL ARTS
CAREERS

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: _____

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		
	Hourly Rate/Salary			
Reason for Leaving	Final			
	\$	Per		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

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	\$	Per		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (including explanation of any gaps in employment):

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:

Cynthia Vasquez
Medical Arts Hospital
2200 N. Bryan Ave.
Lamesa, TX 79331

E-mail address:

Cynthia Vasquez – cvasquez@medicalartshospital.org