



MEMORIAL HOSPITAL OF TEXAS COUNTY

520 MEDICAL DR. * GUYMON * OKLAHOMA * 73942 * (580) 338-6515

Federal and state law prohibits discrimination on the basis of race, color, religion, national origin, sex, age, or disability.

APPLICATION FOR EMPLOYMENT

Employment Desired	Date: _____		How did you learn about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Other publications: _____ <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Job Fair/Open House <input type="checkbox"/> Hospital Employee (Who)? _____ <input type="checkbox"/> Job Line <input type="checkbox"/> Other: _____		
	Position or Type of Work: _____ Department (if known): _____				
Personal Information	Seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Day <input type="checkbox"/> 8 hour <input type="checkbox"/> Part Time <input type="checkbox"/> Evening <input type="checkbox"/> 10 hour <input type="checkbox"/> PRN Per Requested Need <input type="checkbox"/> Night <input type="checkbox"/> 12 hour <input type="checkbox"/> Temporary <input type="checkbox"/> Rotating				
	Are you available to work weekends/holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Minimum salary requirement: _____				
	Date Available For Work: _____				
	Last Name		First	Middle	Other Names By Which You Have Been Known
	Address (Number, Street)		City	Township/County	State ZIP Code
	Daytime Telephone Number () <small>Area Code</small>		Social Security Number ____ - ____ - ____		
	E-mail address				
	Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If hired, can you provide proof that you are eligible to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you previously employed by Memorial Hospital of Texas County? Dates: _____ Department: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any relative that is employed with MHTC? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list: _____					
Have you ever been found guilty, pled no contest, or had a conviction or deferred sentence which was expunged, for any criminal act other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give details: <i>(Conviction does not necessarily disqualify applicant from employment)</i> _____					
Have you ever been debarred, excluded or otherwise ineligible for participation in Federal Healthcare Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____					
Education	High School	(City, State)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	College or Other Schools Attended	(City, State)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma, Degree, or Certificate	Course of Study
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list your job history for the past ten years or for the last six employers, starting with your present or most recent employment. Please include military service. Note any periods in which you were not employed and any internships in the section marked *Additional Information*. (Additional work history should be included on a plain sheet of paper.)

If still currently employed, may we contact your present employer? Y N

Employment History

From (Mo., Yr.) _____	Name and Address of Employer Name _____ Address _____ _____	Immediate Supervisor Name _____ Title _____ Phone # _____
To (Mo., Yr.) _____	ZIP _____	
Last Salary _____	WORK STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed	

Position title: _____
 Describe your principal duties or responsibilities: _____

 Reason for leaving: _____

From (Mo., Yr.) _____	Name and Address of Employer Name _____ Address _____ _____	Immediate Supervisor Name _____ Title _____ Phone # _____
To (Mo., Yr.) _____	ZIP _____	
Last Salary _____	WORK STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed	

Position title: _____
 Describe your principal duties or responsibilities: _____

 Reason for leaving: _____

From (Mo., Yr.) _____	Name and Address of Employer Name _____ Address _____ _____	Immediate Supervisor Name _____ Title _____ Phone # _____
To (Mo., Yr.) _____	ZIP _____	
Last Salary _____	WORK STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed	

Position title: _____
 Describe your principal duties or responsibilities: _____

 Reason for leaving: _____

From (Mo., Yr.) _____	Name and Address of Employer Name _____ Address _____ _____	Immediate Supervisor Name _____ Title _____ Phone # _____
To (Mo., Yr.) _____	ZIP _____	
Last Salary _____	WORK STATUS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed	

Position title: _____
 Describe your principal duties or responsibilities: _____

 Reason for leaving: _____

Work History (continued)

From (Mo., Yr.)	Name and Address of Employer	Immediate Supervisor
To (Mo., Yr.)	Name _____ Address _____	Name _____ Title _____ Phone # _____
Last Salary	ZIP _____	
	WORK STATUS:	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed	

Position title: _____
 Describe your principal duties or responsibilities: _____
 Reason for leaving: _____

From (Mo., Yr.)	Name and Address of Employer	Immediate Supervisor
To (Mo., Yr.)	Name _____ Address _____	Name _____ Title _____ Phone # _____
Last Salary	ZIP _____	
	WORK STATUS:	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> As needed	

Position title: _____
 Describe your principal duties or responsibilities: _____
 Reason for leaving: _____

Personal References:
 List names and telephone numbers of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

1.		
2.		
3.		

The State of Oklahoma regulations and the mandates of the Joint Commission on Accreditation of Health Care Organizations require that all registered, licensed and certified employees submit proof of it to his/her employer. Copy required upon employment.

Type of License, Registry, or Certification	Issuing State or Organization	Number	Expiration Date

If you are not currently registered, licensed or certified, are you eligible? Yes No
 Have you ever had your professional license suspended or revoked? Yes No
 When will you / did you complete your examination? Date: _____

Hardware and software used: _____
 Other special skills: _____

NOTE: Although you may be employed for a particular position and shift, it may be necessary for you to accept different assignments, work schedules, or working hours. We hope to minimize any inconvenience to employees, but recognize that our main goal is to provide high quality services to all patients/customers at all times.

References
Professional Licensure, Registry, Certification

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:

- I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal at a later date. _____ **Initials**
- I authorize any of the persons or organizations referenced in this application to give MHTC any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise. With regard to any of the subjects covered by this application and release all such parties and MHTC from all liability for any damage that may result from furnishing such information. _____ **Initials**
- I agree to comply with the Company rules, regulations, and policies, and acknowledge that these rules, regulations, and policies may be changed, interpreted, withdrawn, or supplemented any time, and without prior notice to me. _____ **Initials**
- I understand that, if employed, I will participate in the Direct Deposit pay system. _____ **Initials**
- I agree to have a physical examination, drug screen, background investigation, and satisfactory proof of identity and legal authority to work in the United States as required for my position, and I understand that any offer of employment is contingent upon my passing this physical examination and drug screen. _____ **Initials**
- I understand that this application or subsequent employment does not create a contract of employment nor guaranteed employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause, and for any reason not specifically provided by law. I understand that no department manager or representative of the employer, other than the Administrator of the Hospital, has any authority to enter into any agreement, oral or written, for the employment of any specified period of time or to make any agreement or assurances contrary to this policy. _____ **Initials**
- If employed, I understand that my employment is for no definite period of time, and if terminated, the employer is liable only for wages or salary earned as of the date of termination. _____ **Initials**
- **Nursing (Licensed Staff) -I understand any offer of employment is contingent upon passing Medication Administration Test. _____ Initials**
- I have read, understand and by my signature consent to these statements. _____ **Initials**

Signature _____

Date _____

Interview Schedule _____

COMMENTS:

Interviewed date _____ By _____

Hire Yes No If no, reason: _____

Position offered: _____

