

APPLICATION FOR EMPLOYMENT
Wilbarger General Hospital
920 Hillcrest Drive Phone (940) 552-9351
Vernon, Texas 76384

Print out this form to complete.

Interviewer: _____ Date: _____

Last Name	First Name	Middle Name		Social Security #
Current Address	City	State	Zip Code	Telephone Number
Permanent Address	City	State	Zip Code	Telephone Number
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Alien Registration Number:			

POSITION

Position Applied For:	Have you worked here before? If yes, list dates, departments, and titles
Salary Expected:	
Other positions for which you are qualified:	Date available to start work:

HOURS

Hours Available:	FT PT SUMMER TEMP	Hours desired if PT:	
Shift Preference:	DAY EVE NIGHT	Will you take any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

	Name and Location of School	Last year completed	Did you graduate?	Major Course/Degree Received
Elementary		1 2 3 4 5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/ Business		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL QUALIFICATIONS AND SKILLS

Licenses or Certificates:	Licensing Authority:	License Number:	Date of License:
Business, Hospital or Industrial Equipment Operated:			
Typing Speed:	Shorthand Speed:	Other Qualifications or Skills:	

WORK EXPERIENCE (INCLUDE MILITARY EXPERIENCE) starting with your present or last place of employment

Date Employed	Name and Address of Employer	Cash Salary	Position(s) Held	Reason for Leaving
TO		Start \$ Finish \$		
TO		Start \$ Finish \$		
TO		Start \$ Finish \$		
TO		Start \$ Finish \$		

May we contact your present employer? Yes No

REFERENCES (OTHER THAN RELATIVES)

Name	Address	Telephone Number	Occupation
1.			
2.			
3.			
4.			

Are there any factors that would limit your performance in this position?

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, political beliefs, or in the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation on my past employment and activities, agree to cooperate in such investigation and release from liability or responsibility all persons, companies and corporations supplying such information. I consent to take the pre-employment physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment will be terminated for any misstatement or omission of fact on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Date

Applicant's Signature

Sign and return to Wilbarger General Hospital ~ Cathie Bristo ~ Human Resources Director