

HIGH SCHOOL DIPLOMA OR GED REQUIRED.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED OR WILL NOT BE ACCEPTED. RESUMES MAY BE ATTACHED, BUT WORK HISTORY INFORMATION MUST BE COMPLETED.



3131 University Drive East
Bryan, Texas 77802
Main Hospital Line (979)731-3100
Human Resources Phone (979) 731-3920
Human Resources Fax (979) 731-3116

Application for Employment

The Physicians Centre is an Equal Opportunity Employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, religion, color, sex, age, national origin, citizenship, marital status, disability, or veteran status. In addition, the Company complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

Date: _____ Referred By: _____

PERSONAL INFORMATION

Position Desired: _____ Date Available to Start: _____ Wage Desired: _____

Status: Full time Part time PRN

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name: _____ Other Names or Alias Used: _____

Social Security Number: _____ Address (include City, State, Zip) _____

Telephone Number: (____) _____ Have you ever worked for The Physicians Centre before? Yes No

If yes, please give dates and position _____

Do you have the legal right to work in the United States? Yes No If no, please explain: _____

Are you willing and able to work overtime as necessary? Yes No Weekends? Yes No Evenings? Yes No
Holidays? Yes No On Call? Yes No

Have you ever plead "guilty" or "no contest" to or been convicted of, a misdemeanor, felony, or fraud? Yes No

If yes, please explain: _____

NOTE: A conviction record will not necessarily be a bar to employment. This information will be used only for job related purposes and only to the extent permitted by applicable law. Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In accordance with such laws, all offers are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit documents as are required by law to verify your identification and employment authorization upon employment.

Are there any reasons why you would be unable to perform, or perform safely any of the duties of the position for which you are applying? Yes No If yes, please explain _____

EDUCATIONAL HISTORY

Select the highest grade completed: Grade School High School Business/Technical College GED

High School: _____ City and State: _____ Years Completed: _____ Graduated? _____
Year _____

Major Subjects or Areas of Concentration: _____

Business School: _____ City and State: _____ Years Completed: _____ Graduated? _____
Year _____

Major Subjects or Areas of Concentration: _____

Technical School: _____ City and State: _____ Years Completed: _____ Graduated? _____
Year _____

Major Subjects or Areas of Concentration: _____

College: _____ City and State: _____ Years Completed: _____ Graduated? _____
Year _____

Major Subjects or Areas of Concentration: _____

Correspondence School: _____ City and State: _____ Years Completed: _____ Graduated? _____
Year _____

Major Subjects or Areas of Concentration: _____

Other: _____ City and State: _____ Years Completed: _____ Graduated? _____
Year _____

Major Subjects or Areas of Concentration: _____

Are you taking courses now? Yes No If yes, what? _____

Foreign languages spoken: Yes No If yes, which? _____

EMPLOYMENT HISTORY

Current or Last Employer:	Dates Employed: ____/____/____ to ____/____/____
Address/Phone (required):	Supervisor's Name and Title:
Position Held:	Starting/Ending Salary:
Reason for Leaving:	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer:	Dates Employed: ____/____/____ to ____/____/____
Address/Phone (required):	Supervisor's Name and Title:
Position Held:	Starting/Ending Salary:
Reason for Leaving:	

Name of Employer:	Dates Employed: ____/____/____ to ____/____/____
Address/Phone (required):	Supervisor's Name and Title:
Position Held:	Starting/Ending Salary:
Reason for Leaving:	

MILITARY RECORD		
Branch of Service: _____	From: _____	To: _____
Present Military Association:	<input type="checkbox"/> None <input type="checkbox"/> Reserves Active <input type="checkbox"/> Reserves Inactive	

REFERENCES				
List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying				
Name _____	Relationship _____	Address _____	Occupation _____	Phone _____
Name _____	Relationship _____	Address _____	Occupation _____	Phone _____
Name _____	Relationship _____	Address _____	Occupation _____	Phone _____

SPECIAL SKILLS/QUALIFICATIONS/CERTIFICATIONS					
<input type="checkbox"/> RN	<input type="checkbox"/> LVN	License # _____	State Issued _____	Expiration Date _____	<input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS
<input type="checkbox"/> TDH	<input type="checkbox"/> AART	<input type="checkbox"/> Other _____			
Have you ever had disciplinary action taken against your license?			<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please explain: _____

ACKNOWLEDGMENT OF UNDERSTANDING AND CONSENT
(Please Read Carefully - IMPORTANT)

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the Company's employ.
2. An offer of employment I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer, pre-employment medical examination that the company may require. I also agree if employed, to submit to a medical examination at any time at the Company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to the Company.
3. I understand that as a condition of my employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any such alcohol or drug screening that I may be required to undergo disclosed to the Company.
4. In processing my application for employment, the Company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military records, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request of the Company, I will be informed whether an investigative consumer report was requested, and will be given full information as to the nature and scope of this investigation.
5. I authorize any request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including any statements for the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing required information.
6. In consideration of my employment, I agree to comply with the policies, rules, and regulations and procedures of the Company, and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, CEO, or the Director of Human Resources, has any authority to enter into any agreement with me for employment for any specific period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.
7. If employed, I understand I may be required to, and agree to, work shifts other than that for which initially hired, and to work weekends on a rotation basis. I will arrange for all transportation, babysitters, etc., necessary for me to attend work on time and as assigned.

NOTICE

Under the Fair Credit Reporting Act (Public Law 91-508) you are advised that an investigative consumer report may be requested for applicable information concerning your character, general reputation, personal characteristics, and financial responsibility. Such report would be sought through appropriate law enforcement agencies and/or credit reporting companies.

Information as to the nature and scope of the report will be available after a reasonable time, upon written request.

Applicant Signature: _____

Date: _____

APPLICANT DATA RECORD

We ask that you complete this section so that we can comply with any applicable government record keeping. This form is completely voluntary. No adverse action will be taken for your choice not to complete the form.

Date _____

Position(s) Applied For _____

Referral Sources Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or disability, veteran status, or disability. Where applicable, we comply with all government regulations and affirmative action obligations, if any. This data is used for both our purposes to assess our equal employment opportunities policy and practices and, if applicable for any required government reporting. This data is kept in a confidential file separate from the application of employment.

APPLICANT FLOW DATA

Certain government agencies, such as the EEOC, require periodic reports on the sex and ethnicity of applicants. This data is for analysis of our equal employment opportunities policy and where applicable, affirmative action obligations.

Full Name (Last, First, MI) _____ Phone _____

Full Address _____

Check one: Male Female

Check one: White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander