



# North Texas Community Hospital

Bridgeport, Texas

## Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status. Please complete the entire application, incomplete applications will not be considered. "See Resume" will be considered an incomplete application. Please print and use ink. Applications will be considered for a 180 day period only.

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ E-Mail \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you at least 18 years old  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

What shift are you seeking? \_\_\_\_\_

Are you available for other shifts? \_\_\_\_\_ Which shifts? \_\_\_\_\_

Have you been convicted of a criminal offense in the past 7 years, other than minor traffic violations? (This will not necessarily affect your application.)

Yes  No

If yes, please describe conditions. \_\_\_\_\_

\_\_\_\_\_

### Employment Desired

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

Have you ever applied for employment here?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been employed by this company?  Yes  No

When \_\_\_\_\_

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you available for full-time work?  Yes  No

Are you available for part-time work?  Yes  No

Will you relocate?  Yes  No

Are you willing to travel?  Yes  No If yes, what percent? \_\_\_\_\_

Date you can start \_\_\_\_\_

Desired position \_\_\_\_\_

Desired starting salary \_\_\_\_\_

Please list applicable skills \_\_\_\_\_

\_\_\_\_\_

**License Type** \_\_\_\_\_ **Number** \_\_\_\_\_ **State** \_\_\_\_\_

Initial Date of Licensure \_\_\_\_\_ Expiration Date of License \_\_\_\_\_

<u>Education</u>	<u>School Name and Location</u>	<u>Major</u>	<u>Degree</u>	<u>Graduate?</u>
				Yes or No

High School _____	_____	_____	_____	_____
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College _____	_____	_____	_____	_____
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College _____	_____	_____	_____	_____
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Post-College _____	_____	_____	_____	_____
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Other Training _____	_____	_____	_____	_____
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Certification \_\_\_\_\_ Date Received \_\_\_\_\_ Expires on \_\_\_\_\_

Certification \_\_\_\_\_ Date Received \_\_\_\_\_ Expires on \_\_\_\_\_

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

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Please list any scholastic honors received and offices held in school.

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**Employment History (Start with most recent employer)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**References**

List three personal references, not related to you, who have known you for more than one year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact**

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Please Read Before Signing:** I certify that all information provided by me on this application and or any resumes or additional documentation submitted by me or in my behalf is true and complete in all respects. I understand that if I am employed and any information is found to be false in any respect, I may be subject to dismissal without notice at any time. I hereby authorize my current and former employers and all educational institutions which I have attended and all of their representatives or agents to furnish to North Texas Community Hospital any information they may have regarding me. I release these companies, institutions and individuals from liability for, and covenant not to sue them for any damages whatsoever resulting from the giving of that information in good faith. This release will remain in effect until revoked in writing. I understand North Texas Community Hospital will not contact my current employer without my prior knowledge and consent.

In making application for employment I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, which may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I also understand that North Texas Community Hospital may seek verification from my previous employers, previous educational institutions or personal references of the information contained in this application. I hereby consent to release North Texas Community Hospital from all liability for such action.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of North Texas Community Hospital's current policies.

I understand that North Texas Community Hospital reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drugs screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of North Texas Community Hospital's facilities. I understand that refusal to submit to urinalysis or blood tests or search, when requested to do so may result in termination of my employment.

I hereby certify that I am not currently excluded, debarred or otherwise ineligible to participate in the Federal Health care programs or in Federal procurement or non-procurement programs; nor have I been convicted of a criminal offense related to the provisions of health care items or services.

I understand and agree that if I am offered employment by North Texas Community Hospital my employment will be for no definite term and that either I or North Texas Community Hospital will have the right to terminate the employment relationship at any time with or without cause and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Chief Executive Officer of North Texas Community Hospital. I understand that I may be required to work any shift and unit as required and qualified as the business needs may necessitate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources mailing address is:

Human Resources  
North Texas Community Hospital  
1905 Doctors' Hospital Drive  
Bridgeport, Texas 76426

940-683-0327 Phone

940-683-0485 Fax

[HR@ntchospital.org](mailto:HR@ntchospital.org)