

TWIN CREEKS HOSPITAL EMPLOYMENT APPLICATION

FOR INTERNAL USE ONLY

LAST NAME

FIRST NAME

POSITION DESIRED

POSITION DESIRED

POSITION DESIRED

APPLICANT INFORMATION

The following information is provided to assist you in accurate completion of this application for employment.

1. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.
2. ALL INFORMATION MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED.
3. If you become an employee of Twin Creeks Hospital, you will be required to submit acceptable documentation of citizenship or alien status and proof of eligibility to work in the United States as required by the U.S. Citizenship and Immigration Service.
4. If you are offered contingent employment you will be required to complete the Post-Contingent Offer Process which includes:
5.
 - a. Taking and passing a Post-contingent offer of employment Drug Screen.
 - b. Permitting a routine Criminal Background Investigation to verify information you provided on the employment application. Omissions, falsifications or misrepresentations will constitute grounds for applicant disqualification or termination if employed.
 - c. Providing routine Employee Health Information and compliance with documentation of such.
 - d. Permitting a Motor Vehicle Report, if driving is a part of the job you have applied for. Driving record issues which prohibit or impede your ability to perform the driving function of the position for which you are being considered may constitute applicant disqualification.
6. If you are offered and accept employment, you agree to comply with all Twin Creeks Hospital policies and procedures, which will be explained to you during new hire orientation.
7. All applicants are considered for employment without regard to race/ethnicity, color, religion, sex, ancestry, national origin, age, marital status, disability or veteran status.

PERSONAL INFORMATION

Date of application: _____

Referral Source: Advertisement Friend Relative Walk-in Employment Agency Other

Twin Creeks Hospital Employee Name: _____

Name:

First

Middle

Last

Address:

Street

Apt. #

City

St

Zip

County

Telephone No. (____) _____ Home Email: _____

(____) _____ Cell/Other

WORK PREFERENCES

Minimum Salary Requirement: _____

Date available to work: _____

Days available to work: S M T W TH F S

Days Evenings Nights Any Full Time Part Time PRN

PRE-EMPLOYMENT QUESTIONS

Are you at least 18 years old? Yes No

Have you ever been employed by Twin Creeks Hospital? Yes No

If yes, what dates? _____

Do you have relatives currently employed with Twin Creeks Hospital? Yes No

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you legally entitled to work in this country? *(Proof of citizenship or immigrating status will be required upon employment.)* Yes No

Have you been convicted of a felony? Yes No

If yes, please explain:

Can you perform the essential functions of the job for which you are applying? Yes No

(If unsure, please request job description.)

If so, please list accommodations requested: _____

Veteran of US Military service? Yes No

EDUCATION

Type of School	School Name	City/State	Circle Years Completed				Graduate ?	Degree Obtained
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	
Graduate School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe specialized training skills, professional affiliations and other information relative to the job you are applying for:

Professional License Number**Expiration Date**

Foreign Language Skills

Language(s) Spoke:	<input type="checkbox"/> Speak
	<input type="checkbox"/> Read
	<input type="checkbox"/> Write

EMPLOYMENT HISTORY

Start with your present or most recent job. Include US Military Services as a position. If you need additional space, please continue on a separate sheet of paper

1.	Employer:	Address, City, State, Zip:			
Title:		Supervisors Name & Title:		Phone #:	
From:	To:	# of hours per week:	Beginning Salary:		Ending Salary:
Reason for leaving?					
Describe your duties in detail:					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Employer:	Address, City, State, Zip:			
Title:		Supervisors Name & Title:		Phone #:	
From:	To:	# of hours per week:	Beginning Salary:		Ending Salary:
Reason for leaving?					
Describe your duties in detail:					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Employer:	Address, City, State, Zip:			
Title:		Supervisors Name & Title:		Phone #:	
From:	To:	# of hours per week:	Beginning Salary:		Ending Salary:
Reason for leaving?					
Describe your duties in detail:					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DISCLOSURE STATEMENT

The information given by me is certified to be true and complete, and may be verified by Twin Creeks Hospital or its designated representative. If I misrepresent information, or provide incomplete or false information, I understand and agree that I may be refused employment, or if employed, I may be terminated.

I understand and agree that employment with the company at will, and employment may be terminated by the employee or the company at any time with or without cause or notice.

The company has my authorization to thoroughly investigate my work, medical, military and personal history. I will hold no person liable for giving or receiving information in this investigation.

Any doctor, hospital or testing laboratory may conduct medical and drug tests and may release all information necessary for the company to determine my abilities to perform job duties now or in the future.

The needs of the company may make the following conditions mandatory: overtime, shift work, a rotating work schedule, floating between the nursing and therapy departments as assigned and trained, or a work schedule other than Monday through Friday. I accept these conditions of employment.

If employed, I understand that my employment is for no definite period of time, and if terminated, the company is liable only for wages or salary earned as of the date of termination.

I have read and agree to the above.

Applicant Signature

Date

TWIN CREEKS HOSPITAL RELEASE FORM

LEGAL Name as it appears on all identification documents:

Address: _____

First	Middle	Last	
Street			Apt. #
City	St	Zip	County

How long have you lived at this address? _____
Previous county, state (i.e. Hunt Co, TX): _____
Previous county, state: _____
Previous county, state: _____
Previous county, state: _____

The following personal information is required by law enforcement agencies and other entities for positive identification purposes only, when check public records. It is confidential and will not be used for any other purpose and will not be considered in employment decision. This information is not communicated in any format to the interviewing manager:

SEX: Male Female

RACE: Asian African American Hispanic Caucasian Other

Driver's License No.: _____ State Issued: _____ Date of Birth: _____ SSN: _____

Maiden Name/Alias/Previously used names: _____

AUTHORIZATION

1. In connection with my application for employment with Twin Creeks Hospital, I understand that an investigative consumer report may be requested that will include information as to my work performance and experience, reasons for termination of past employment, and may include character references. Further, I understand that as directed by company policy and consistent with the job described, Twin Creeks Hospital may be requesting information from public and private sources about my court records and references.
2. According to the fair credit reporting act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency if so, I will be notified and given the name and address of the agency of the source which provided the information. Information obtained by testing or personal interview services is not considered a consumer report, therefore not subject to the same disclosure, and shall be the full property of Twin Creeks Hospital company.
3. I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as binding as the original. This release is valid for most federal, state and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, employer or reference company contacted by achievement Tec, or its agent, to furnish the information described in Section 1.

Signature: _____ Today's Date: _____