

1111 Gallagher Rd.
Sherman, TX 75090-1798

NOTE: Pre-employment drug screen may be required.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or disability.

PLEASE PRINT Date of application: _____ Position (s) applied for: _____

Referral Source: Newspaper Advertisement (name of paper) _____
 Friend Internet Website
 Relative Walk-In Texas Workforce Commission
 Employment Agency Current Employee Other _____

Name _____
First Middle Maiden Name Last

Address _____
Street Apt # City County State Zip

Email Address: _____ Social Security Number: _____

Telephone Office # (____) _____ Home # (____) _____ Cell # (____) _____

Have you been convicted of a felony or other crime or subject of deferred adjudication?

If yes, give dates: _____ Yes No

Are you at least 18 years old? Yes No

Have you filed an application with the LIFE CENTER before? Yes No

If yes, what date? _____

Have you been employed at this facility under prior management? Yes No

If yes, what date? _____

Do you have relatives currently employed with LIFE CENTER? Yes No

Are you related to any of the current Board of Directors? 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? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Minimum Salary Requirements: \$ _____ Date Available for Work: _____

Are you available to work: Full Time Part Time PRN Pool Temporary

What shifts are you willing to work? Days Evenings Nights Rotating Any

Are you willing to work ? Saturday Sunday

If the position requires motor vehicle operation do you have a current driver's license?

Yes No If yes, Operator Commercial Chauffeur

Can you perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

If no, please list accommodations requested explain: _____

Are you a Veteran of U.S. Military service?

Yes No

If yes, which Branch? _____

Type of Discharge: _____

Date of Discharge: _____

Reserve Status: Active Inactive

Special Training Skills: _____

EDUCATION

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

Describe specialized training, skills, internship or practicum, professional affiliations, and other information relative to the job for which you are applying: _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include U. S. military service as a position. If you need additional space please continue on a separate sheet of paper.

1. Employer	Dates Employed From _____ To _____	Work Performed/Primary Duties _____
Address _____	City State Zip _____	_____
Telephone#: () _____	Supervisor's Name _____	
Job Title _____	Salary Start \$ _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Final \$ _____	Reason for Leaving _____
2. Employer	Dates Employed From _____ To _____	Work Performed/Primary Duties _____
Address _____	City State Zip _____	_____
Telephone#: () _____	Supervisor's Name _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN
Job Title _____	Salary Start \$ _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Final \$ _____	Reason for Leaving _____

3. Employer	Dates Employed From _____ To _____	Work Performed/Primary Duties _____
Address _____	City State Zip _____	_____ _____
Telephone#: () _____	Supervisor's Name _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN
Job Title _____	Salary Start \$ _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Final \$ _____	Reason for Leaving _____

LICENSURE, CERTIFICATION, OR REGISTRATION INFORMATION

Type	State Issued	Professional License Number	Expiration Date

PERSONAL SKILLS INFORMATION-CHECK THOSE WHICH APPLY TO YOUR CURRENT SKILLS

PERSONAL SKILLS	LOW	MODERATE	HIGH	EXPERT
MICROSOFT WORD				
MICROSOFT EXCEL				
MICROSOFT POWER POINT				
MICROSOFT PUBLISHER				
CASH REGISTER				
SWITCHBOARD/PBX				
INTERNET/WEB PAGE				
BILLING SOFTWARE (LIST)				
HUMAN RESOURCE SOFTWARE				
CREDENTIALING SOFTWARE				
PAYROLL SOFTWARE				
OTHER SOFTWARE				
FOREIGN LANGUAGE				
EQUIPMENT-Automated Postage Machine				
EQUIPMENT-Multipurpose copier/fax/scanner				
OTHER-				
OTHER-				
OTHER-				

Please review and sign below:

The information given by me is certified to be true and complete, and may be verified by LIFE CENTER SPECIALTY 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 LIFE CENTER SPECIALTY HOSPITAL is **terminable at will**, and employment may be terminated by the employee or the LIFE CENTER SPECIALTY HOSPITAL at any time with or without cause or notice. This does not in any way constitute and should not be construed as a contract between employer and employee for employment for a defined period of time. If my employment is terminated at any time I understand that the LIFE CENTER SPECIALTY HOSPITAL is liable only for wages or salary earned as of the date of termination.

The LIFE CENTER SPECIALTY HOSPITAL 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. I understand that any offer of employment is contingent upon successful completion of the Pre-Employment Screening process that includes drug testing, criminal background review, and employee health information and may include Motor Vehicle Record Check. I understand that if I do not successfully complete this process any contingent offer of employment will be rescinded.

I further understand that if employed I may be subject to drug testing under conditions of random, reasonable suspicion, at-work-accident or absence of more than 30 days.

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

The needs of the LIFE CENTER SPECIALTY HOSPITAL may make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand that if I am hired on a PRN status, I may be requested to work in different areas of the hospital. I accept these conditions of employment.

I have read the above statements and understand what they mean.

Signature: _____ Date: _____