



Big Bend Regional Hospital District
P. O. Box 1439
Alpine, Texas 79831

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First MiddleAddress: _____
Street (Apt) City, State ZipAlternate Address: _____
Street City, State ZipContact Information: () () _____
Home Telephone Mobile Email

Social Security Number: _____ - _____ - _____

Drivers License: State Issued: _____ Number: _____

Expires: _____ Has this license been revoked? _____

Due to the sensitive nature of personal information, financial information and medical information that employees of the BBRHD may have access to as well as District policies related to the protection of other employees, indigent patient clients and third-party providers, the District must consider relevant unlawful conduct during the screening process for new employees.

Have you ever been arrested, indicted, convicted, entered a plea of no contest or a guilty plea, or and other adjudication for any felony or any for crime involving moral turpitude?

YES _____ NO _____

Moral turpitude includes, but is not limited to, dishonesty; fraud; deceit, theft; base, vile or depraved acts that are intended to arouse or gratify the sexual desire of the actor; drug or alcohol related offenses or acts constituting abuse under Family Code 206.001.

Please list any additional skills, supervisory experience, language fluencies or other information which should be brought to the attention of the District as they may relate to the job being applied for.

Are you currently employed? _____ Where? _____

May we contact your current employer for a reference? _____

Contact Name: _____

Contact Number: _____

BBRHD respects your privacy and will not disclose your application to a current employer without your written consent through a prescribed release form, withholding consent to contact your current employer may not affect your application, but a reference from your current employer is helpful.

EDUCATION

	Name and Location	Graduate? – Degree? Certification	Major / Subject of Study
High School			
College or University			
College or University			
Specialized Training, Trade School, etc...			
Specialized Training, Trade School, etc....			
Other Education			
Other Education			

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for termination, whenever discovered.

Signature of Applicant

Date

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Authorization for Background Check

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Big Bend Regional Hospital District to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying and for promotion or retention as governed by the Fair Credit Reporting Act Public Law 91-508. I understand that Big Bend Regional Hospital District will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice.

I understand this report may include information from personal interviews about my character, general reputation, personal characteristics and mode of living as well as public and private sources including but not limited to the acquisition of criminal records, employment records, school records, driving records or abstracts, etc. I further understand the information contained in my credit report may be used as a factor in any employment decision.

I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature: _____ Date: _____

Furnish the following for the purpose of positive identification: (Print Clearly)

Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

A.K.A. (maiden name or other names used): _____

SSN: _____ - _____ - _____ DOB: ____/____/____

Driver License #: _____ State: _____