

# Falls Community Hospital and Clinic

322 Coleman Street • PO Box 60 • Marlin, Texas 76661  
254-803-3561 • Fax: 254/883-6066 • email:jobs@fallshospital.com

## Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

(PLEASE PRINT IN INK)

Position(s) Applied For:	Date of Application:
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How did you learn about us?

☐ Advertisement ☐ Friend ☐ Walk-in ☐ Employment Agency ☐ Relative

☐ Other \_\_\_\_\_

Last Name		First Name		Middle Name	
Address:	Number	Street	City	State	Zip Code
Home telephone number		Cell-telephone	Email address		

If necessary, best time to call you at home is \_\_\_\_\_ am  
pm

May we contact you at work? ☐ Yes ☐ No

If yes, work number and best time to call? \_\_\_\_\_ am  
pm

If you are under 18 years of age, and it is required, can you furnish a work permit? ☐ Yes ☐ No

If no, please explain \_\_\_\_\_

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Are you currently employed: ☐ Yes ☐ No

If yes, may we contact your current employer? ☐ Yes ☐ No

Are you legally eligible for employment in this country? ☐ Yes ☐ No

On what date would you be available for work? \_\_\_\_\_

Type of employment desired (check all that apply): ☐ Full-time ☐ Part-Time ☐ Temporary ☐ Seasonal  
☐ Educational Co-op ☐ PRN ☐ 12 hr day shift ☐ 12 hr night shift ☐ Weekends

## AN EQUAL OPPORTUNITY EMPLOYER

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No  
If no, please explain \_\_\_\_\_

Have you ever been bonded? ☐ Yes ☐ No

Within the last 7 years have you been convicted of a crime or have you pled guilty or no contest (nolo contendere) to a crime? ☐ Yes ☐ No  
*For purposes of employment with Falls Community Hospital and Clinic, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.*  
If yes, please explain \_\_\_\_\_

**Educational Background** IF JOB-RELATED

NAME AND LOCATION	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL (name and location not required)			
COLLEGE (name and location required)	MAJOR	DEGREE	
OTHER			

**References**

NAME	TELEPHONE	YEARS KNOWN
	(      )	
	(      )	

**Skills and Qualifications****SPECIFY SPEED:**

**OFFICE:** Data entry      Transcription      Keyboarding      Other

**SPECIFY PROGRAM /MACHINE USED AND NUMBER OF YEARS OF EXPERIENCE:**

**OFFICE:**    \_\_\_ Excel                                      \_\_\_ Calculator                                      \_\_\_ Transcription Machine  
              \_\_\_ Microsoft Word                                      \_\_\_ Cash Register                                      \_\_\_ Electronic Medical Records

**SPECIFY NUMBER OF YEARS OF EXPERIENCE:**

**OFFICE**    \_\_\_ Accounting/Bookkeeping    \_\_\_ Credit & Collections    \_\_\_ Insurance    \_\_\_ Medical Terminology  
**NURSING**    \_\_\_ ER                      \_\_\_ PEDI                      \_\_\_ M/S                      \_\_\_ CCU                      \_\_\_ PSYCH                      \_\_\_ Electronic Medical  
                  \_\_\_ L/D                      \_\_\_ ENDO                      \_\_\_ ICU                      \_\_\_ OR                      \_\_\_ CLINIC                      Records

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: \_\_\_\_\_

## Employment History

Provide the following information for your past five (5) employers, assignments, or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

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**I certify that all information I have supplied on this application is accurate and complete. I understand that any wrong or incomplete information on this application can lead to my not being hired or, if I am hired, to my termination from employment if discovered after hire**

This application is current for only 180 days. At the conclusion of this time, if I have not heard from FCHC and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that it is FCHC's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

FCHC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

**I understand that nothing in this application, or in any prior or subsequent written or oral statements, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by Falls Community Hospital and Clinic (FCHC), my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of FCHC or myself. I understand that I have the right to end my employment at any time and that FCHC retains that same right. I also understand that no one has the authority to enter into any contract, agreement, or modification of the foregoing unless such contract, agreement, or modification is in writing and signed by the Administrator of FCHC.**

**I agree to immediately notify Falls Community Hospital and Clinic if I am convicted or, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired."**

Falls Community Hospital And Clinic does have worker's compensation insurance coverage to protect you from damages because of work-related illness or injury.

Falls Community Hospital And Clinic esta cubierto por aseguranza de, compensacion al trabajador para protegerlo/la de danos causados por enfermedad o lesiones relacionados a su empleo.

**If I am offered a position with FCHC:**

- 1. I understand that I will be required to provide proof of identity and legal work authorization.**
- 2. I give FCHC the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability FCHC and its representatives for seeking, gathering and using such information and all other persons, corporations, or organizations for furnishing such information.**
3. I understand that I am responsible for submitting required official records, transcripts, certificates and licenses.
- 4. I understand that a physical examination must be taken and satisfactorily passed prior to reporting to duty.**
- 5. Falls Community Hospital and Clinic is a Drug-Free Workplace. I understand that one of the components of pre-employment medical evaluation is a urine screen for drugs. I further understand that failure to consent to this urine drug screen will be considered withdrawal of my application for employment.**
6. I understand that I **WILL** be required to provide a urine screen for drugs/alcohol for any on-the-job injury or accident. (as defined in the FCHC Drug Free Workplace Policy).
7. I understand that I may be required to provide a urine screen for drugs as requested by the Administrator or their designee (as defined in the Employee Policy Manual).
- 8. I certify that I do not have any detectable amounts of prohibited substances in my system at the time of taking my pre-employment drug screen. I understand if my drug screen turns out positive for a prohibited substance, I will not be eligible for hire, or if I am hired pending the outcome of such a test, I will be subject to immediate termination.**

**I represent and declare that I have read and fully understand the foregoing and seek employment under these conditions.**

Signature of Applicant \_\_\_\_\_

Revised May 10, 2017

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_