

EMPLOYMENT APPLICATION

COLUMBUS COMMUNITY HOSPITAL

110 SHULT DRIVE

COLUMBUS, TEXAS 78934

979-732-2371

In an effort to provide a safe working environment for our employees and to insure quality care for our patients, Columbus Community Hospital is considered to be an "ALCOHOL-FREE" and "DRUG FREE" work environment.

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| Questions on this application are not intended to identify or exclude any individual or group. Columbus Community Hospital is an equal opportunity employer. Qualified applicants will be considered for vacancies without regard to their race, color, sex, religion, age, national origin, veteran status, or mental or physical disability. The Hospital prohibits any form of harassment in the workplace. | DATE: _____ / _____ / _____ MONTH DAY YEAR |
|--|---|

PERSONAL

Please PRINT all information in blue or black ink only.

| | | | |
|----------------|---|--------------|-----|
| LAST NAME | FIRST NAME | MIDDLE | |
| ADDRESS | CITY | STATE | ZIP |
| SS # | HOME PHONE | MOBILE PHONE | |
| E-MAIL ADDRESS | Did a Columbus Community Hospital Employee refer you? If so, who? | | |

POSITION DESIRED

| | |
|--|--|
| First Preference _____ | Second Preference _____ |
| Hours You Are Available: From _____ To _____ | |
| Shift Preference: Day _____ Nights _____ Weekends _____ | |
| STATUS: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN (as needed) | |
| Can You Work: Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No | On Call <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No | Rotating Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Earliest Date You Are Available to Begin Work? _____ | |

EDUCATION

| Type of School | Name of School | School City, State, Zip | No. of Years Completed | Graduation Date | Degree Received |
|----------------|----------------|-------------------------|------------------------|-----------------|-----------------|
| High School | | | | | |
| Jr. College | | | | | |
| College | | | | | |
| Graduate | | | | | |
| Nursing | | | | | |

LICENSURE – REGISTRATION – CERTIFICATION INFORMATION

Please list any professional licenses, registrations, or certifications which have been issued to you:

| Name of License, Registration, Certification | State | Number | Year Issued | Current | Expiration Date |
|--|-------|--------|-------------|--|-----------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If currently eligible for license, registration, or certification please indicate status and date here: _____

Has your license, registration, or certification in this state or another state been suspended, limited, revoked or subjected to disciplinary action? Yes No

If yes, please explain: _____

| | | | |
|------------------|------------------|------------------|------------------|
| CPR: | BLS: | ACLS: | BLS Instr.: |
| Expiration Date: | Expiration Date: | Expiration Date: | Expiration Date: |

AVAILABILITY FOR WORK

Are you at least 18 years of age on the date of this application? Yes No

Any previous name(s)? Yes No If yes, identify all other names under which you have been employed: _____

Are you authorized to work in the U. S.? Yes No

Have you ever been convicted of a felony or sanctioned by a regulatory or enforcement agency of the government? (such conviction may be relevant if job-related but does not bar you from employment.) Yes No

If yes, explain: _____

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| <p>Have you ever previously applied for or been employed with Columbus Community Hospital?</p> <p>Applied <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Employed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If employed, dates: From _____ To _____</p> <p>Position: _____</p> <p>Reason for leaving: _____</p> | <p>Do you have relatives working for Columbus Community Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Includes spouse, children, parents, in-laws, siblings, legal dependents, members of the same residence, or any person who fulfills an immediate family role for you.)</small></p> <p>If Yes, name(s) _____</p> <p>Relationship _____</p> <p>Department _____</p> |
|--|---|

How many times have you been tardy for work during the last year? _____

How often do you need to be absent from work to attend to personal matters? _____

What languages, including English, do you speak, read or write fluently or proficiently? _____

Have you ever been terminated from employment or asked to resign by any employer? Yes No

If yes, please state employer, date or action and circumstances: _____

PRESENT AND PRIOR EMPLOYMENT

Please provide complete information on all employment for the 4 most recent employers or the preceding 10 years, whichever is greater.
Please explain all periods of unemployment.

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| COMPANY NAME: | TELEPHONE # |
| ADDRESS (include City, State, and Zip Code) | EMPLOYED (month and year) FROM: / TO / |
| SUPERVISOR'S NAME AND TITLE | BEGINNING PAY: \$ ENDING PAY: \$ |
| YOU JOB TITLE AND PRIMARY DUTIES | |
| REASON FOR LEAVING: | MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|---|---|
| COMPANY NAME: | TELEPHONE # |
| ADDRESS (include City, State, and Zip Code) | EMPLOYED (month and year) FROM: / TO / |
| SUPERVISOR'S NAME AND TITLE | BEGINNING PAY: \$ ENDING PAY: \$ |
| YOU JOB TITLE AND PRIMARY DUTIES | |
| REASON FOR LEAVING: | MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|---|---|
| COMPANY NAME: | TELEPHONE # |
| ADDRESS (include City, State, and Zip Code) | EMPLOYED (month and year) FROM: / TO / |
| SUPERVISOR'S NAME AND TITLE | BEGINNING PAY: \$ ENDING PAY: \$ |
| YOU JOB TITLE AND PRIMARY DUTIES | |
| REASON FOR LEAVING: | MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |

| | |
|---|---|
| COMPANY NAME: | TELEPHONE # |
| ADDRESS (include City, State, and Zip Code) | EMPLOYED (month and year) FROM: / TO / |
| SUPERVISOR'S NAME AND TITLE | BEGINNING PAY: \$ ENDING PAY: \$ |
| YOU JOB TITLE AND PRIMARY DUTIES | |
| REASON FOR LEAVING: | MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |

REFERENCES

Name three (3) persons in your field who knows you; and whom we have your permission to contact immediately, preferably persons under whom you have worked. DO NOT list relatives or co-workers.

| NAME | WHERE EMPLOYED | BUSINESS PHONE | RELATIONSHIP TO YOU |
|------|----------------|----------------|---------------------|
| | | | |
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APPLICANT VERIFICATION

I verify that all of the information provided by me on this application and in resumes and exhibits is true, correct and complete. I have not omitted any information requested by the Hospital. I understand that false, misleading, incomplete or omitted information will result in rejection of my application or termination from employment; whenever discovered.

Columbus Community Hospital may obtain a consumer report, in accordance with the Fair Credit Reporting Act, for each final applicant extended a conditional job offer. A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which the applicant applies.

I authorize the Hospital and its agents to confirm all information provided on this application, exhibits and resumes and to investigate my suitability for employment. I agree to provide additional information if requested. I release the Hospital, the agents and all persons or companies from any claims, liability or damages from obtaining or providing information about me. I understand that I may be provided separate disclosure and authorization forms for the Hospital to obtain consumer reports about me for employment purposes under the Fair Credit Reporting Act.

I understand that this application is not intended as a job offer or a contract of employment for any specific time period. If hired, my employment will not be for any specific time period and I may resign or be terminated at any time without notice or requirement of cause.

I understand that if hired, I will be required to complete a Federal I-9 form and provide verifying documents regarding my identity and ability to work in the United States.

Any conditional employment offer is subject to successful completion of all employment prerequisites, including, but not limited to, verifying employment/personal references, a criminal record check, and verifying licensure/registration and driving record (where applicable). Any conditional employment offer is subject to successful completion of a post-offer testing for the current illegal use of drugs. If I refuse to consent to the drug test, or produce a positive test result for the current illegal use of drugs, I will be ineligible for employment and any conditional employment offer will be withdrawn by the Hospital.

If hired, I shall comply with all policies, rules and procedures of Columbus Community Hospital.

Signature of Applicant

Date

APPLICATION PROCEDURE: THE HOSPITAL CONSIDERS APPLICATIONS FOR SIX (6) MONTHS AFTER SUBMISSION. THE HOSPITAL DOES NOT INTERVIEW ALL APPLICANTS WHO APPLY FOR JOB POSITIONS. THOSE APPLICANTS TO BE INTERVIEWED WILL BE CONTACTED BY THE HOSPITAL. IF APPLICANTS DESIRE TO APPLY FOR POSITIONS NOT LISTED ON THEIR APPLICATION FORM, OR TO REAPPLY AFTER THEIR APPLICATION HAS BEEN ON FILE FOR SIX (6) MONTHS, THEY MUST SUBMIT A NEW APPLICATION.