

**APPLICATION FOR
EMPLOYMENT**



PAYROLL DONE BY DIRECT DEPOSIT ONLY

1401 East Eight P.O.Box 1110 Weslaco Tx 78596

Phone (956) 969-5346 Fax: (956) 969-5132

Web Site: www.knappmed.org

PRE-EMPLOYMENT DRUG SCREEN IS REQUIRED

We are an Equal Opportunity Employer: Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran or disability status.

Please Print All Required Information - Incomplete applications will **not** be processed.

(Please Print)

Position Applying for:	Date of application:
Department/Nursing Unit:	Minimum Salary Requirement: \$
Who referred you to Knapp Medical Center?: <input type="checkbox"/> Employee: <input type="checkbox"/> School: <input type="checkbox"/> Walk In	
<input type="checkbox"/> Job Fair:	<input type="checkbox"/> Internet (list source): <input type="checkbox"/> Publication: <input type="checkbox"/> Other:

PERSONAL DATA

Name (Last):	(First):		
Address:	City	ST	Zip
Telephone #1:	Social Security Number:		
Telephone #2:	Drivers License #	ST	
Can you furnish a work permit if you are under 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are you authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you filed an application here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?
Have you ever been employed at Knapp Medical Center?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?
Do you have any relatives employed at Knapp Medical Center?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, who?
May we contact your present employer?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you employed now? What date are you available to start work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Can you travel if the job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you on a layoff and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a Veteran of U.S. Military:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Branch:

SHIFT PREFERRED: Check all that apply

<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part-time	<input type="checkbox"/> Flex	<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekends	<input type="checkbox"/> Monday - Friday	<input type="checkbox"/> 8a - 5p
<input type="checkbox"/> 8 hour shift:	<input type="checkbox"/> 7a - 3p	<input type="checkbox"/> 3p -11p	<input type="checkbox"/> 11p - 7a	<input type="checkbox"/> 12 hour shift:	<input type="checkbox"/> 7a - 7p	<input type="checkbox"/> 7p - 7a <input type="checkbox"/> Other

MISCELLANEOUS

Have you ever been convicted of, or pled guilty or nolo contendere to, or had deferred adjudication for a felony or other crime? (Answering Yes, will not necessarily disqualify you for employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a confirmed allegation of abuse made against you or do you have any active allegations of abuse pending regarding your conduct with the Texas Department of Human Services, Adult Protective Services, or any other state or federal agency charged with investigating of abuse and/or neglect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has Medicare ever denied payment for your services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(First)

PRINT NAME (Last):

EMPLOYMENT EXPERIENCE:

Please complete the following even if you are attaching a resume. Start with your present or 1st job. Include military service assignment and volunteer activities. If you need additional space, please continue on a separate sheet.

1

Employer	Dates of Employment From To		Work Performed
Address	Month/Yr	Month/Yr	
City State Zip			
Telephone Number			
Job Title:	Base Hourly Rate Starting Ending		
Supervisor:			
Reason for leaving			

2

Employer	Dates of Employment From To		Work Performed
Address	Month/Yr	Month/Yr	
City State Zip			
Telephone Number			
Job Title:	Base Hourly Rate Starting Ending		
Supervisor:			
Reason for leaving			

3

Employer	Dates of Employment From To		Work Performed
Address	Month/Yr	Month/Yr	
City State Zip			
Telephone Number			
Job Title:	Base Hourly Rate Starting Ending		
Supervisor:			
Reason for leaving			

4

Employer	Dates of Employment From To		Work Performed
Address	Month/Yr	Month/Yr	
City State Zip			
Telephone Number			
Job Title:	Base Hourly Rate Starting Ending		
Supervisor:			
Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

PROFESSIONAL REFERENCES (please do not include relatives)

1. Name	Phone #
Company Name:	Alternative #:
Address:	City/State/Zip:
2. Name	Phone #
Company Name:	Alternative #:
Address:	City/State/Zip:
3. Name	Phone #
Company Name:	Alternative #:
Address:	City/State/Zip:

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

In consideration of being employed, I understand and agree that:

- 1 Any offer of employment is contingent to passing pre-employment paperwork consisting of Drug Test, Criminal Background Check, References checks, current professional license/registration/ certification and administration approval. Any doctor, hospital or testing laboratory has my consent to having all information released for the employer to determine my abilities to perform job duties now or in the future. Information obtain shall be accorded confidentially as medical records.
- 2 Knapp Medical Center has my authorization to thoroughly investigate my references, work and personal credit history and I hereby consent to take any test, whenever the employer deems it necessary in any employer investigation. I will hold no person, corporation or organization liable for giving or receiving information in such investigation.
- 3 If I am employed, my employment with Knapp Medical Center will be as an "at will" employee and that my employment may be terminated at any time with or without notice and with or without cause. I also understand and agree that my "at will" employment cannot be modified except by a specific written agreement. I further agree that any and all conditions of my employment, including my compensation and benefits, can be changed or terminated at any time with or without cause or notice and that employee handbooks, policy manuals, or other hospital communications are not to be construed as creating any form of contract or employment agreement between the undersigned and Knapp Medical Center.
- 4 Knapp Medical Center may make the following request: shift work, rotating work schedule, overtime, or a work schedule other than Monday through Friday.
- 5 Knapp Medical Center is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this hospital depends solely on your qualifications.
- 6 If employed, I understand that my employment at Knapp Medical Center is for no definite period of time, and if terminated, Knapp Medical Center is liable only for wages or salary earned as of the date of termination.
- 7 Knapp Medical Center requires all staff to report sanction, convictions, suspensions, censures or revocation ("sanction" action taken against them by federal, State, local, or other professional licensure, criminal history convictions, history of child abuse, managed care organizations, etc.
- 8 This application is current and active for only three months. At this conclusion of this time, if I have not had any contact from Knapp Medical Center and still wish to be considered for employment, it will be necessary to fill out a new application.
- 9 I declare that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that any false statements or any omission of information appearing on this or any other employment form will be sufficient reason not to hire me, and if discovered after my employment, will result in termination.
- 10 If employed, I understand that I must abide by Knapp Medical Center's established Customer Service Standards and realize that Customer Service Standards is a priority of Knapp Medical Center.

BY SIGNING THIS APPLICATION, I ATTEST THAT I READ, UNDERSTAND AND AGREE TO THE ABOVE AND HEREBY CERTIFY THAT THE FACTS I HAVE PROVIDED IN THIS EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE.

Signature: _____ Date: _____

Thank you for completing this application form and for your interest in Knapp Medical Center.