

Gonzales Healthcare Systems

d/b/a Health Solutions, James C. Price Wellness Center,
 Memorial Hospital, Memorial Hospital Home Health,
 Sievers Medical Clinic, Waelder Medical Clinic,



APPLICATION FOR EMPLOYMENT

Gonzales Healthcare System is an equal opportunity employer. Qualified applicants will be considered for vacancies without regard to race, color, religion, sex, national origin, age or disability (physical or mental). The District also prohibits any form of harassment in the workplace. Information requested on this application will not be used to discriminate against any applicant for employment.

PERSONAL:

SSN: _____

 Last Name First Middle Date

 Street Address Home Phone

 City, State, Zip Business Phone

If you cannot be reached at the above phone number, where may we contact you?

Have you ever used any other names or aliases for education, employment or other purpose: Yes No

If yes, list all names and aliases used dates of use, and circumstances:

Are you at least 18 years of age? Yes No - Employment is subject to verification of minimum age.

Have you ever previously applied or been employed by Gonzales Healthcare Systems? Applied Worked

If employed by Gonzales Healthcare Systems: Month, year, position and Reason for Leaving:

Position Desired		
Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

Will You Accept Employment of: Full Time? Part Time?
 Temporary (PRN)?

Are you 18 Yrs. Of Age or Older? Yes No

Are you Employed Now? Yes No

May We Contact Your Present Employer? Yes No

Will you work overtime if asked? Yes No
 How did you learn of our organization? _____

When will you be available to begin work? _____

Identify all languages, including English, in which you are fluent or proficient:				List below memberships in Professional or Civic Organizations: Exclude those which may disclose your race, color, religion or national origin.
	Speak	Read	Write	
English				1. 2.
				3. 4.
				5. 6.

Education: **Circle Highest Grade Completed** 8 9 10 11 12 13 14 15 16

	Name of School	Location City, State	Courses Taken	Completed	Type of Degree or Certificate
Grammar or Grade School or GED					
High School					
College					
Vocational or Business					
Professional Education					
Laboratory or X-Ray Training					

EMPLOYMENT:

Please give accurate, complete information in your employment (full-time, part-time and temporary/PRN) for the past ten years or five prior employers, whichever is greater. Start with your present or most recent employer. Explain all periods of unemployment during the past ten years.

Employment Record (list last or present position first)			
Present and Former Employers	Dates Employed	Salary Range	Position and Duties
Name: _____ Address: _____ City/St/Zip _____ Supervisor _____ Phone: _____	From	Starting	
	To	Ending	
Name: _____ Address: _____ City/St/Zip _____ Supervisor _____ Phone: _____	To	Starting	
	From	Ending	
Name: _____ Address: _____ City/St/Zip _____ Supervisor _____ Phone: _____	To	Starting	
	From	Ending	
Name: _____ Address: _____ City/St/Zip _____ Supervisor _____ Phone: _____	To	Starting	
	From	Ending	
Name: _____ Address: _____ City/St/Zip _____ Supervisor _____ Phone: _____	To	Starting	
	From	Ending	

Have you ever been discharged or asked to resign by any employer? ___ Yes ___ No

If yes, provide complete information on employer(s), dates and circumstances:

Have you ever (**CHECK ALL THAT APPLY**): () pled guilty, or () nolo contendere (no contest), or () been convicted of any criminal offense (misdemeanor or felony) other than parking tickets?

If yes, provide complete information on all criminal offense(s), date(s), location(s) (city and state), and disposition: (use additional sheets if necessary): _____

Have you at any time served any of the following for any criminal offense? (Check appropriate box) If the alternative disposition you received is not specifically listed below, you **MUST** disclose it by checking the last option and describing the program. Failure to disclose any type of alternative disposition will be considered falsification and will result in your ineligibility for employment.

- | | |
|--|--|
| <input type="checkbox"/> pretrial diversion | <input type="checkbox"/> pretrial intervention |
| <input type="checkbox"/> suspended sentence | <input type="checkbox"/> probation without adjudication of guilt |
| <input type="checkbox"/> shock incarceration | <input type="checkbox"/> conditional discharge |
| <input type="checkbox"/> probation | <input type="checkbox"/> deferral of prosecutions |
| <input type="checkbox"/> community control program | <input type="checkbox"/> expungement of conviction |
| <input type="checkbox"/> pretrial release | <input type="checkbox"/> postponed judgment |
| <input type="checkbox"/> deferred adjudication | <input type="checkbox"/> restorative justice program |
| <input type="checkbox"/> community supervision | <input type="checkbox"/> indeterminate commitment |
| <input type="checkbox"/> community-based punishment | <input type="checkbox"/> supervised release |
| <input type="checkbox"/> unconditional discharge | <input type="checkbox"/> probation prior to judgment |
| <input type="checkbox"/> any other type of disposition program;
describe type _____ | |

If yes, provide complete information on the criminal offense, nature of program and date of completion; (use additional sheets if necessary): _____

(Conviction of a crime is not an automatic bar to consideration for employment, except where state law prohibits employment in specific positions.)

Motor Vehicle Record		
Have you pled guilty to any driving offenses during the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled nolo contendere (no contest) to any driving offenses during the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have current Automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the 3 driving violations questions, provide the offense(s), location (city/state), date (s) and disposition/current status.		

PROFESSIONAL LICENSE/REGISTRATION:

Do you currently hold all license/registrations and professional certifications required for the position for which you are applying? Yes No If yes, list: _____

Has your license/registration or professional certification ever been denied, revoked, suspended or otherwise restricted? Yes No If yes, Explain: _____

SELECTION PROCESS:

The District may not interview all applicants for vacancies; applicants to be interviewed will be contacted by The District. Applicants will be actively considered for sixty (60) days following their submission. Thereafter, applicants who desire to be considered must submit a new application.

APPLICANT VERIFICATION:

1. I verify that all the information which I have provided on this application and in resumes/exhibits is true, correct and complete. I have not omitted any information sought by the facility. I understand that any false, misleading, incomplete or omitted information on this application, or in resumes and exhibits submitted to the facility, will result in ineligibility for employment or termination of employment, whenever discovered.

2. 86-108A Gonzales Healthcare Systems Policy - I understand that if the facility requests a background check/criminal record check under the Fair Credit Reporting Act, I will receive a separate notice regarding that investigation and must provide written authorization as a condition of consideration for employment. If my application is considered for employment, I authorize investigation of all information and statements. I release any and all persons, companies or agencies responding to such an investigation from any liability for releasing information or confirming statements on this application and in resumes/exhibits. I understand that false, misleading, incomplete or omitted information will result in rejection of my application or dismissal from employment, whenever discovered.
3. 86-108A Gonzales Healthcare Systems Policy - I understand that my eligibility for employment for certain positions as advertised require the use of a Gonzales Healthcare Systems owned vehicle. I understand and authorize Gonzales Healthcare Systems Automotive Liability Carrier to review my driving history in order to determine employment eligibility.
4. I understand that if I am employed by Gonzales Healthcare Systems, I must complete a federal I-9 form and provide documentation regarding my qualifications to live and work in the United States.
5. I understand that this job application is not intended as a job offer or a contract of employment for any specific time period. If hired, my employment will be for an indefinite time period and I may resign or be terminated by The District at any time without notice or a requirement of cause.
6. 86-106 Gonzales Healthcare Systems Policy - I understand that my employment is subject to successful completion of pre-employment screening, including confirming of professional licensure or registration (if appropriate) and verifying employment and personal references. I understand that if I receive a conditional employment offer from The District for a safety-sensitive position, I will be asked to consent and submit to testing for the current illegal use of drugs. If I fail or refuse to consent to testing, or produce a positive drug test result, I will not be further considered for employment. I also understand that applicants for patient care positions who receive a conditional employment offer from The District will be required to consent and submit to certain medical examinations. If I refuse to consent to the medical examinations, I will not be further considered for employment.
7. If employed, I will comply with all policies, rules and procedures of The District.
8. I understand that any Gonzales Healthcare Systems Policy referred to within this application is available for my review at my request.

Applicant Signature

Date

For Office Use Only
