

Ballinger Memorial Hospital District Application for Employment



Equal access to programs, services, and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process, providing written materials in an alternate format such as braille, large print, or audio recording, using a sign language interpreter, using specialized equipment, or modifying testing conditions.

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Email Address _____ Phone (_____) _____

Desired Position _____ Day Night

Would you accept Full Time Part Time PRN Date available to work _____

How did you learn about this position? _____

Have you been employed previously with BMHD? No Yes Dates _____

Are you lawfully authorized to work in the United States? Yes No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodations)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, a specific accommodation, or whether accommodation is necessary. These issues may be addressed at a later date to the extent permitted by law.

Yes No Need more information about the job's essential functions to respond.

EDUCATIONAL BACKGROUND- Start with most recent education

School (including City/State)	# of Years Completed	Highest Level Completed	GPA/ Class Ranking	Major / Minor

EMPLOYMENT HISTORY

Starting with the **most recent** employer, provide the following information. You may include any verified work performed on a volunteer basis.

Employer _____ Telephone Number (____) _____

Address _____

Street City State Zip Code

Starting and final job title _____ Dates Employed _____ to _____

Immediate Supervisor Name and Title _____

May we contact? Yes No Email address of supervisor _____

Summary of work performed and job responsibilities _____

Employer _____ Telephone Number (____) _____

Address _____

Street City State Zip Code

Starting and final job title _____ Dates Employed _____ to _____

Immediate Supervisor Name and Title _____

May we contact? Yes No Email address of supervisor _____

Summary of work performed and job responsibilities _____

Employer _____ Telephone Number (____) _____

Address _____

Street City State Zip Code

Starting and final job title _____ Dates Employed _____ to _____

Immediate Supervisor Name and Title _____

May we contact? Yes No Email address of supervisor _____

Summary of work performed and job responsibilities _____

Please provide any other information you would like to share with us.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and profession), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment. If offered employment, consent to and compliance with such policy is a condition of my employment and continued employment is based on the successful passing of testing under such policy.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employer's Administrator. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

I understand that this company does not unlawfully discriminate in employment practices and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on the basis of his or her sex (including pregnancy), race color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented for any reason, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's services, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____