

# PALO PINTO COUNTY HOSPITAL DISTRICT APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer and Smoke Free Facility



- ▶ Family Health Clinic Network
- ▶ Heart Center
- ▶ Home Health Services
- ▶ Hospice Services
- ▶ Rehabilitation Services Outpatient Clinic

Please Print

Name \_\_\_\_\_  
Last Name First MI

Position(s) Applying for:

*You must meet the minimum qualifications posted on the Job Announcement board for the positions you are applying for.*

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- Date: \_\_\_\_\_

**“WHERE OUR FAMILY CARES FOR YOUR FAMILY”**

## MISSION STATEMENT

*Promote optimal healthcare of the entire community by providing customer centered, quality healthcare in a respectful and safe environment.*

## VISION STATEMENT

*To promote the wellness of our entire community by providing quality healthcare in a safe environment.*

## **APPLICANT INSTRUCTIONS**

**Incomplete applications will not be considered and will not be kept on file.**

Thank you for your interest in employment with Palo Pinto General Hospital. We appreciate your application and look forward to the possibility of your joining our team.

Applications must be printed in ink or typed. You may include attachments, such as a resume, letters of recommendation or past evaluations, however, the application must still be completed in full and signed. Use the abbreviation "N/A" if a particular provision or section in the application is not applicable to you.

Your application will remain in our active files for a period of one year. Your application may be reviewed from time to time as positions become available, and you may be called in for an interview if you meet all the qualifications of the job and are considered to be among the most qualified for the position in which you applied. Please notify us if your address or telephone number changes.

Palo Pinto General Hospital is an equal opportunity employer. Employment decisions are made solely on qualifications to perform the work for which you are applying. Qualifications include education, training, work experience, and other factors that are relevant in determining job performance. Credentials and experience will be verified through schools, former employers and licensing / certification agencies, if applicable. As an *Equal Employment Opportunity Employer*, Palo Pinto General Hospital is committed to offering equal employment opportunity to all persons without regard to race, color, religion, age, sex, national origin, pregnancy, sexual orientation, marital status, genetics, citizenship, physical or mental disability, veteran disability, or any other characteristic legally protected by applicable federal, state and local laws and regulations. It is the intent of Palo Pinto General Hospital to comply with the requirements and spirit of all applicable federal, state, or local governmental regulations regarding Equal Employment Opportunity.

Thank you for your interest in employment with Palo Pinto General Hospital.

**To find out about job openings, please call our Job Line at  
940-328-6298**

# PERSONAL INFORMATION

PLEASE PRINT

Name (Last, First, MI)	_____	Social Security #	_____
Current Address	_____		
Street or Box	Apt.	City	State Zip
Phone #	_____	Alternate Phone #	_____ Cell Phone #
Email Address	_____	Are you 18 years or older?	Yes [ ] No [ ]

If you are offered employment, will you be able to provide documentation demonstrating that you are legally entitled to work in the United States? Yes [ ] No [ ]

Have you ever been convicted, or pled guilty or no contest to, a felony offense or to a misdemeanor involving anything other than a minor traffic citation? If yes, please explain. Yes [ ] No [ ]

I, \_\_\_\_\_, (Please print name) agree to immediately notify the Human Resources Department at Palo Pinto General Hospital if I am charged with a felony or any crime involving moral turpitude, a sexual offense, or an illegal drug or alcohol offense.

\_\_\_\_\_  
(Signature)

Are you under accusation for any criminal offense? If yes, please explain. Yes [ ] No [ ]

Have you ever been discharged or asked to resign from a job? If yes, please explain. Yes [ ] No [ ]

Have you ever been sanctioned by the Department of Health & Human Services with regard to the Medicare/Medicaid program, or any other federal program? This would include being excluded from participating in such programs. If yes, please explain. Yes [ ] No [ ]

**MILITARY SERVICE RECORD:** Have you ever served in the Armed Forces? Yes [ ] No [ ]

List any military training (special skills, etc., that is relevant to the position for which you applied). \_\_\_\_\_

# EMPLOYMENT DESIRED

Position Applying For: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

For positions which require shift work, which shift / hours do you desire?

- |                   |              |                       |
|-------------------|--------------|-----------------------|
| ___ 8 hour shift  | ___ Days     | ___ Weekends Only     |
| ___ 10 hour shift | ___ Evenings | ___ Weekdays Only     |
| ___ 12 hour shift | ___ Nights   | ___ Weekends/Weekdays |
| ___ PRN / On Call |              |                       |

Desired Status: \_\_\_ Full-Time \_\_\_ Part-Time - \_\_\_ #Hrs./Week \_\_\_ PRN - \_\_\_ #Hrs/Month Desired

Have you ever been employed by this hospital? Yes [ ] No [ ] Date \_\_\_\_\_

Position \_\_\_\_\_ Last name under which you worked \_\_\_\_\_

Are you able to perform the essential job related functions for which you are applying? Yes [ ] No [ ]

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

A position description which includes a description of the essential functions of the job is available in Human Resources Office and can be reviewed upon request.

Are you related by blood or marriage to any current employee or board member of PPGH: Yes [ ] No [ ]  
 If Yes, please complete: \_\_\_\_\_ Employee \_\_\_\_\_ Board Member

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**EDUCATION**

Type of School	Name & Address of School	No. of Yrs. attended	Did you graduate:	Type of Degree
GED			_____ Yes ___ No	
High School			_____ Yes ___ No	
College / Univ.			_____ Yes ___ No	
College / Univ.			_____ Yes ___ No	
Business / Correspondence Trade School			_____ Yes ___ No	

**PROFESSIONAL LICENSES AND / OR CERTIFICATOINS**

Type	No.	Organization or State Issued	Date Expires
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your license/certification in this state or another state been suspended, limited or revoked? \_\_\_ Yes \_\_\_ No, if yes, please explain. \_\_\_\_\_

Have you ever been subject to disciplinary action or placed under investigation? \_\_\_ Yes \_\_\_ No, If yes, please explain: \_\_\_\_\_

In your professional capacities, have you ever been named or identified as a defendant in, or a party to, a professional negligence or medical malpractice claim? If yes, please explain: \_\_\_\_\_

**SKILLS**

Please list the skills you currently possess:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Filing               | <input type="checkbox"/> Word Processing (wpm ____) | <input type="checkbox"/> Computer experience      | <input type="checkbox"/> ACLS/PALS/NALS(circle)  |
| <input type="checkbox"/> Typing (wpm ____)    | <input type="checkbox"/> Spread sheet               | <input type="checkbox"/> Software used _____      | <input type="checkbox"/> Insurance billing       |
| <input type="checkbox"/> Letter Composition   | <input type="checkbox"/> Admitting                  | _____   | <input type="checkbox"/> Medical Coding:_____    |
| <input type="checkbox"/> Shorthand (wpm ____) | <input type="checkbox"/> Medical Terminology        | _____   | <input type="checkbox"/> Phlebotomy/Venipuncture |
| <input type="checkbox"/> Dictaphone           | <input type="checkbox"/> Biomedical                 | <input type="checkbox"/> Collections              | <input type="checkbox"/> Cardiac interpretation  |
| <input type="checkbox"/> Ten key by touch     | <input type="checkbox"/> Data entry                 | <input type="checkbox"/> CPR (Exp. Date)_____     | <input type="checkbox"/> Other_____              |
| <input type="checkbox"/> Payroll              | <input type="checkbox"/> Medical transcription      | <input type="checkbox"/> EMT / Paramedic (circle) | <input type="checkbox"/> Other_____              |
| <input type="checkbox"/> Accounts Receivable  | <input type="checkbox"/> Switchboard                |   | <input type="checkbox"/> Other_____              |
| <input type="checkbox"/> Accounts Payable     |   |   |  |

Use this space to give us other information about your personal qualities, work style, interpersonal skills, or communication skills which would assist us in placing you?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Professional References**

Give names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

# EMPLOYMENT HISTORY (List Present or Most Recent Position First)

1. **NAME OF CURRENT EMPLOYER** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Type of Business Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Start Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
Position & Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ **May we contact your current supervisor/employer?**  Yes  No  
Reason for seeking change: \_\_\_\_\_

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2. **NAME OF EMPLOYER** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Type of Business Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Start Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
Position & Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Last name under which you worked \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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3. **NAME OF EMPLOYER** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Type of Business Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Start Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
Position & Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Last name under which you worked \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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4. **NAME OF EMPLOYER** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Type of Business Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Start Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
Position & Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Last name under which you worked \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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5. **NAME OF EMPLOYER** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Type of Business Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Start Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
Position & Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_ Last name under which you worked \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Please account for gaps in employment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STATEMENT

After you have read the statements, please initial each paragraph in the space provided and sign below.

I certify that the information contained in this application and in any resume or other material provided to PPGH are true and complete. I understand that omission, misrepresentation or falsification of information on the application, or any other employment-related document, is grounds for withdrawal of any job offer, or for immediate discharge if hired by Palo Pinto General Hospital.

\_\_\_\_\_  
Initial

I understand that employment with Palo Pinto General Hospital is subject to completion of employment verifications and criminal background investigations, including but not limited to, verifying my work history, education, employment/professional references, criminal records, driving records (where appropriate), verification of professional licensure or registration, a search of professional registries for criminal and/or misconduct activities, proof of identity, authorization to work in the United States, and a post job offer health screen to include a drug test and physical capacity testing.

\_\_\_\_\_  
Initial

If employed by Palo Pinto General Hospital, I agree to actively participate in quality management activities and efforts to continually improve patient care in all aspects. If employed by Palo Pinto General Hospital, I agree to abide by its policies, rules and regulations. Due to the twenty-four hour nature of health care, I understand and agree that, if necessary, I may be obligated to work hours other than my regular shift and in areas other than that for which initially hired.

\_\_\_\_\_  
Initial

I understand that any employment relationship with Palo Pinto General Hospital is of an "at Will" nature, and as such, employees are free to resign at any time with or without reason. The Hospital, likewise, retains the right to terminate an employee's employment at any time with or without reason or notice. I understand that "at Will" employment relationship may not be changed verbally or by any written document unless such change is specifically acknowledged in writing by the CEO, and is subject to changes in wages, conditions, benefits and operating policies. I also understand that nothing contained in this application, or in the granting of an interview, creates a contract between Palo Pinto General Hospital and myself for either employment or for the providing of benefits. I understand that the only employment contracts are those specifically authorized by the Administrator/CEO which have been reduced to writing and executed by both the employee and CEO of the Hospital. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should be hired by the Hospital.

\_\_\_\_\_  
Initial

I understand that my employment may require certain physical capabilities relating to ability to lift and transport patients and/or objects, or to assist other employees in physical tasks. **I further understand that my continued employment may be conditional upon maintaining a favorable health evaluation.** If requested, I agree to submit, at any time, to a drug screen in accordance with Hospital policy and / or a physical examination performed by a qualified medical doctor of Palo Pinto General Hospital's choice and/or to submit to a physical capacity testing performed in the Rehabilitation Services Department of the Hospital and for which examination(s) shall be paid for by Palo Pinto General Hospital. I also agree that all information concerning said physical examination and / or physical capacity testing can be provided to PPGH, or an authorized agent of this Hospital upon their request.

\_\_\_\_\_  
Initial

I further understand applicants extended a conditional job offer are subject to successful completion of an employment medical examination and drug screening. A positive drug test will result in withdrawal of the offer of employment. Failure to consent to this drug test will be considered as a withdrawal of the Application of Employment. I further understand that as a condition of employment, an applicant must agree and consent to a physical capacity testing as part of the employment medical examination and an offer of employment is contingent upon successful completion of the physical capacity testing.

\_\_\_\_\_  
Initial

I authorize, and consent to Palo Pinto General Hospital's thorough background investigation of whether I have a record of criminal convictions, charges, guilty pleas, probation, deferred adjudication, or any other type of alternative supervision or correction for a criminal charge, the nature of such criminal charges and all surrounding circumstances provided to us through lawful means. I understand that Palo Pinto General Hospital's criminal background check will focus primarily on convictions and multiple criminal allegations of criminal behavior and that a criminal record will not necessarily disqualify me from employment.

\_\_\_\_\_  
Initial

I understand that if I am applying for an unlicensed position with the Home Health agency a search of the Nurse Aide Registry and the Employee Misconduct Registry will be checked, and if I have a felony theft conviction that is less than five years old, I will not be considered for employment with the Home Health Agency. I understand that if I have a conviction under the laws of another state, federal law, or the uniform Code of Military Justice for an offense listed in the rule that bars employment with an home health agency, I will not be considered for employment, and if I am employed, I will be immediately discharged from employment.

\_\_\_\_\_  
Initial

**I have read the above and understand and agree to the conditions of employment at Palo Pinto General Hospital. I understand that Palo Pinto General Hospital, and all PPGH rules, regulations and policies are not contracts and may be changed or waived by PPGH at any time.**

Signature

Printed Name

Date

**PALO PINTO GENERAL HOSPITAL**

**RELEASE OF EMPLOYMENT / ACADEMIC RECORDS**

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I hereby authorize and request any present or former employer, school, law enforcement agency, financial institution or other person having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment.

I hereby release current or former employers, schools, and your agents from any and all claims, liability and / or damage of any nature which may result from furnishing the information requested, including, but not limited to, claims of negligence.

I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I sign.

This release will expire one (1) year after the date signed.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name under which records are located if different than above:

\_\_\_\_\_

Social Security Number (for identification purposes only)

\_\_\_\_\_



## RECRUITMENT

What first attracted you to seek employment with Palo Pinto General Hospital? Please check.

\_\_\_\_\_ Employee referral \* \_\_\_\_\_ Texas Workforce Commission

\* Name of referring employee \_\_\_\_\_

\* YOU MUST LIST THE EMPLOYEE'S NAME WHO RECRUITED YOU WHEN YOU TURN THIS APPLICATION IN TO HUMAN RESOURCES.

\_\_\_\_\_ Agency referral \_\_\_\_\_ Recruiting Job Fair  
 \_\_\_\_\_ Previous employee Referral \_\_\_\_\_ Newspaper  
 \_\_\_\_\_ Other

## FOR EMPLOYER USE ONLY

If this applicant is selected for employment, the supervisor should complete the next section and forward to the Human Resources Department.

Department Name			Job Title				Grade
Starting Date		Starting Salary		Years of Experience in this Position		Non-Exempt/Exempt	
FT	PT	TEMP	PRN	RESOURCE	Shift/Hours—Days	Staff Req. No.	
EEOC Information: _____ White _____ Black/African American _____ Asian _____ Hawaiian/Pac Islnd _____ Hispanic/Latino _____ Amer/Alaska Indian _____ Two or More							
Reference Check Completed by _____ Date _____ (References must be attached)							
Signature of Supervisor _____ Date _____							

## HUMAN RESOURCES DEPARTMENT USE ONLY

Employee Number Assigned: \_\_\_\_\_

<b>Documents Received:</b>	
<input type="checkbox"/>	Education Verification
<input type="checkbox"/>	Reference Checks
<input type="checkbox"/>	Interview Record
<input type="checkbox"/>	I-9 Identification
<input type="checkbox"/>	Licensure
<input type="checkbox"/>	Skills Test (If Required)