COMANCHE COUNTY MEDICAL CENTER

Equal Employment **Opportunity** Policy **Statement**. Comanche County Medical Center is an equal opportunity employer and does not discriminate against applicants or employees because of race, color, religion, national origin, sex, age, disability status of otherwise qualified individuals, military status or any other status protected by law.

Comanche County Medical Center

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone		E-mail Address					
Date Available		Social Security No.		Desired Salary			
Position Applied for		FT ☐		PT ☐		PRN ☐	

Select all shifts you are willing and able to work	Days ☐	Nights ☐	Weekends ☐	Holidays ☐	Other ☐	
Are you at least 18 years of age?	YES ☐	NO ☐	List other names you are known by:			
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?		YES ☐	NO ☐
Have you ever worked for this company?	YES ☐	NO ☐	If so, when?			
Have you ever been convicted of a felony?	YES ☐	NO ☐	If yes, explain			
Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions?	YES ☐	NO ☐	If yes, explain			

EDUCATION

High School				Address				
From		To		Did you graduate?	YES ☐	NO ☐	Degree	
College				Address				
From		To		Did you graduate?	YES ☐	NO ☐	Degree	
Other				Address				
From		To		Did you graduate?	YES ☐	NO ☐	Degree	

PROFESSIONAL LICENSE/ CERTIFICATIONS/ REGISTRIES

Type		Issuing Agency		Number		Expiration	
Type		Issuing Agency		Number		Expiration	
Type		Issuing Agency		Number		Expiration	
Type		Issuing Agency		Number		Expiration	

Has your license, registry or certification been suspended, limited, revoked or subject to disciplinary action	YES ☐ NO ☐	If yes, please explain	

REFERENCES

Please list three professional references. References cannot be relatives.

Full Name		Relationship	

Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference?		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference?		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference?		

MILITARY SERVICE

Branch				Rank at discharge	
From		To		Type of Discharge	
If other than honorable, explain					

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF EMPLOYED, I ACKNOWLEDGE AND UNDERSTAND THAT:

- Any misstatement or omission of fact on this employment inquiry may result in my dismissal.
- If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
- I must submit acceptable evidence of my right to work in the United States.
- CCMC facilities are tobacco, drug and alcohol free workplaces. I must take and pass a pre-employment and drug test that screens for illegal drugs, alcohol, and unauthorized controlled substances; remain free of illegal drugs, alcohol and abusive levels of prescription drugs at work; and comply with the Drug-Free and Tobacco-Free policies.
- I will be required to comply with all Administration policies and procedures.
- I authorize this employment inquiry to be viewed by any affiliated companies.
- I am required to report any known or suspected practices that may violate state or federal law, including, but not limited to Medicare fraud and abuse. I understand that I am required to report such conduct to Human Resources or the CEO.
- I understand that Comanche County Medical Center is an employer at will, which means that my employment is not for a definite term and that either CCMC or I will have the right to terminate the employment relationship at any time, with or without cause or notice. I also understand that this status can only be altered by a written contract of employment that is specific as to all material terms and is signed by the CEO of CCMC and myself.
- Upon termination, I will return in good condition any company property issued to me or to allow for the value of same, plus any outstanding accounts, to be deducted from my wages.
- I agree to notify CCMC in writing within forty-eight (48) hours of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a state licensing board; any adverse action which has resulted in the filing of a report with the state licensing board; any revocation of DEA license; a conviction or charge of any felony, misdemeanor or deferred adjudication; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.
- I hereby authorize CCMC to confirm the information that appears in this employment inquiry and authorize all former employers, universities or colleges, references, credit and government agencies, or other persons, firms, corporations and institutions to provide such information to CCMC without delay.

As required by the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your employment inquiry. A consumer report may consist of employment records, educational verification, license verification, driving history, previous addresses or 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 you are inquiring. If you are denied employment, either wholly or partly, because of the information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such a report.

Signature

Date