



McKinney Medical Center, Inc.

Employment Application

(Application is Active for 45 Days)

McKinney Medical Center, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, age, sex, national origin, sexual orientation, disability, or any other status protected under federal and state law.

Date of Application:

Position(s) Applied For:

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other:

Personal Information

Name:

Address:

Telephone:

Personal Cell Phone:

Email Address:

SSN: XXX-XX-

If employed and you are under 18, are you able to furnish a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date:

Have you ever been employed here before? Yes No If yes, give date:

Are you a citizen of the United States? Yes No

If no, what is your immigration status?

Date Visa Expires:

Date of Entry into U.S.:

Permanent Residence Number:

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work?

Desired Salary Range:

Are you available to work: Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if your job requires it? Yes No

Are there any criminal charges pending against you at this time? Yes No

Have you ever been convicted of a crime or pleaded "no contest" to a crime? Yes No
This includes, but is not limited to, alcohol or drug-related offenses (also DUI)
or passing bad checks.

If you have ever been convicted or pleaded "no contest," list all such crimes and the dates they occurred:

(Note: A conviction or "no contest" plea does not necessarily mean that you will not be considered for employment.)

Are you a member of the Military Reserve or National Guard? Yes No

If yes, give branch.

Summer Camp Obligation: Yes No

Emergency Contact Information

In case of an emergency, whom may we notify?

Name: Relationship:

Address: Telephone #:

Indicate languages you speak, read, and/or write.

	<i>Fluent</i>	<i>Good</i>	<i>Fair</i>
<i>Speak</i>			
<i>Read</i>			
<i>Write</i>			

List professional associations of which you are a member.

Personal References

List three (3) persons who are not related to you whom we may contact for a reference.

Reference #1

Name: _____ Telephone: _____
Address: _____
Relationship: _____ Years Acquainted: _____

Reference #2

Name: _____ Telephone: _____
Address: _____
Relationship: _____ Years Acquainted: _____

Reference #3

Name: _____ Telephone: _____
Address: _____
Relationship: _____ Years Acquainted: _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified, please type your name below, which will legally serve as your signature.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed: _____

Employment Experience

Start with your present or last place of employment, Include military service assignments and volunteer activities. Explain any period of unemployment longer than 30 days.

Employment #1

Employer: _____ Telephone: _____
Address: _____
Job Title: _____ Supervisor: _____
Dates Employed: _____ – _____ Hourly Rate: _____ – _____
Work performed: _____
Reason for Leaving: _____ May we contact? Yes No

Employment #2

Employer: _____ Telephone: _____
Address: _____
Job Title: _____ Supervisor: _____
Dates Employed: _____ – _____ Hourly Rate: _____ – _____
Work performed: _____
Reason for Leaving: _____ May we contact? Yes No

Employment #3

Employer: _____ Telephone: _____
Address: _____
Job Title: _____ Supervisor: _____
Dates Employed: _____ – _____ Hourly Rate: _____ – _____
Work performed: _____
Reason for Leaving: _____ May we contact? Yes No

Special Skills, Qualifications, or Comments

Summarize special skills and qualifications acquired from employment or other experiences and/or explain periods of unemployment.

Education History

Evidence of Education will be required upon employment.

High School

Name:

City, ST:

Diploma / Degree:

Graduated?

Yes

No

Describe Course of Study:

Describe Specialized Training Apprenticeship, Skills, and Extracurricular Activities.

College / University

Name:

City, ST:

Diploma / Degree:

Graduated?

Yes

No

Describe Course of Study:

Describe Specialized Training Apprenticeship, Skills, and Extracurricular Activities.

Graduate / Professional

Name:

City, ST:

Diploma / Degree:

Graduated?

Yes

No

Describe Course of Study:

Describe Specialized Training Apprenticeship, Skills, and Extracurricular Activities.

Honors Received:

Other

State any additional information you feel may be helpful to us in considering your application.

Applicant Statement

I certify that the above information is correct and that any misrepresentation or false statement made as part of this application may be considered sufficient cause for immediate dismissal at any time it is discovered. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that neither this document nor any offer of employment from the McKinney Medical Center, Inc., constitutes an employment contract unless a specific document to that affect is executed by the McKinney Medical Center, Inc., and the applicant in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide d> all rules and regulations of the employer. I authorize McKinney Medical Center, Inc to perform a criminal record check and to investigate my past employment and personal references and release said institutions from any and all liability resulting from such investigations. I understand employment at McKinney Medical Center, Inc. is contingent upon the completion of the criminal background check, receipt of satisfactory recommendations from former employers and references and/or a job qualifying physical exam, drug testing and a clear driving record (V1VK) and current Class B Drivers license, as applicable. If hired, I understand that I shall be employed on a trial basis for regular employment for three months and that my services may be terminated at the discretion of McKinney Medical Center, Inc. without notice or obligation at any time during the probationary period.

I understand that typing my name below serves as my signature and is legally binding.

Signature of applicant:

Date:

For Personnel Department Use Only

Arrange Interview: Yes No

Remarks: _____

Employed: Yes No

Date of employment: _____ Job Title: _____

Hourly Rate/Salary: _____ Department: _____

By _____
Name and Title Date