

YOAKUM COUNTY HOSPITAL
EMPLOYMENT APPLICATION

412 Mustang Avenue

Denver City, TX 79323

Phone (806) 592-2121 Fax (806) 592-4440

We are an Equal Opportunity Employer and fully subscribe to the principals of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name: _____ Application Date: _____
LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____

1. General Information:

Are you able to perform the essential job functions of the position for which you are applying for with or without reasonable accommodation? Yes No

Have you ever been convicted of, or plead guilty to a crime? Yes No

If yes please explain:

Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of Texas or the United States? Yes No

If yes please explain:

2. Education and Training:

Circle the last grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Masters: _____ Doctorate: _____

Name, City & State of School

Major/Course Studied

Graduated (Yes or No)

High School:

College or University:

List and scholarships, academic honors, awards and special achievements: _____

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3. Skills: Please list any skills you have that are appropriate for the position you are applying for.

4. Shifts: If required will you work?

Rotating Shifts Yes No Saturdays Yes No
 Overtime Yes No Sundays Yes No

5. Position:

Position Applying for, be specific: _____ Requested Salary (Hourly Rate): _____

State fully why you believe you are qualified for this position:

Desired Start Date: ____/____/____

Interests / Accomplishments: You may wish to list significant experience, interests and accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position(s) you are seeking.

6. Employment History:

Starting with your present or most recent employer, list in consecutive order all employment for the past four employers. If currently employed, may we contact your employer?

Name & Address of Company:		Ending Hourly Rate:
Phone Number:		Employment Dates:
Name & Title of Supervisor:	Title of Your Position:	
List duties performed:		Reason for Leaving:

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7. References:

Name:	Relation:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Read Carefully: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature: _____

Date: ____/____/____

Printed Name: _____